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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L01000017487

FILED

2002 NOV 21 AM 10:33

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017487

Name and Mailing Address

0008400 01 FP 0.352 **PRSRT H6 0 0615 33134-510876

NATIONAL LITHO, LLC
201 ALHAMBRA CIRCLE, STE. 701
CORAL GABLES FL 33134-5108

CR2E084 (8/02)

2. New Mailing Address: 7700 N.W. 37 AVENUE

City, State, Zip: MIAMI, FL. 33147

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 10/11/2001

Principal Place of Business: 201 ALHAMBRA CIRCLE, STE. 701 CORAL GABLES FL 33134

3. New Principal Place of Business Address: 7700 N.W. 37 Ave

City, State, Zip: MIAMI, FL 33147

6. FEI Number: 65-1146647 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

JORGE DE LA OSA, P.A.
201 ALHAMBRA CIRCLE, STE. 701
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: Jose Villarreal

Street Address (P.O. Box Number is Not Acceptable): 7700 N.W. 37 Ave

City: MIAMI FL Zip Code: 33147

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: _____ Date: 11/1/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	Jose Villarreal (MGR)	7201 W. Troon Circle	Miami Lakes, FL 33014
Treasurer	Manuel Manzano (MGR)	8845 S.W. 76 Terrace	Miami, FL 33173
Secretary	Carlos Valdes (MGR)	9650 S.W. 68th Ave	Miami, FL 33156
			200008832702 11/06/02--01093--009 **150.00
	REINSTATEMENT 2002		200008832702 11/06/02--01093--009 **150.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: _____ Date: 11/1/02 Daytime Phone #: 305-835-7600

Typed or printed name of signing Managing Member/Manager