

LO1000018480

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 FEB 24 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
300013032933  
02/24/03--01050--022 \*\*205.00

DOCUMENT #L01000018480

1. Limited Liability Company's Name

INCOAS USA LLC

2. Principal Office Address

One Oakwood Blvd.

Suite, Apt. #, etc.

Suite 140

City & State

Hollywood, FL

Zip  
33020

Country  
USA

3. Mailing Office Address

One Oakwood Blvd.

Suite, Apt. #, etc.

Suite 140

City & State

Hollywood, FL

Zip  
33020

Country  
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10/25/2001

6. FEI Number

65-1150271

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

2/24 2002-2003 MJH

8. Name and Address of Current Registered Agent

Name

William Gerstein

Street Address (P.O. Box Number is Not Acceptable)

700 South Federal Highway

Suite, Apt. #, Etc.

Suite 200

City

Boca Raton

State  
FL

Zip Code

33432-6128

9. 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

*William Gerstein*  
William Gerstein Reg. Agent

Date 2-20-2003

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jose M. Navarro Patino	801 Brickell Key Blvd #1809	Miami, FL 33131
MGR	George Poler	3215 N.E. 184 St. #14403	Aventura, FL 33160

11. I certify that I am managing member/manager of 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

*George Poler*

Date 2/20/2003 Daytime Phone# 954-923-6199

Typed or printed name of signing Managing Member/Manager

George Poler, Manager

CR2E041 (10/02)