

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

04 MAR 15 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000018896

1. Limited Liability Company's Name

MORSA USA, LC

2. Principal Office Address

1390 BRICKELL AVE

3. Mailing Office Address

1390 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

Zip

33131

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified

To Do Business in Florida 11/01/2001

6. FEI Number

641149703

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

Name

LUIS AGRAMUNT

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

1390 BRICKELL AVE.

Suite, Apt. #, Etc.

SUITE 200

City

MIAMI

State  
FL

Zip Code  
33131

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

*[Signature]*  
LUIS AGRAMUNT  
REGISTERED AGENT MUST SIGN

Date

03/10/04

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| MGR    | JOSE R. PEREZ                        | 1390 BRICKELL AVE., SUITE 200                     | MIAMI, FLORIDA, 33131 |
| MGR    | MARIA GUADALUPE RODRIGUEZ            | 1390 BRICKELL AVE., SUITE 200                     | MIAMI, FLORIDA, 33131 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

11. 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

*[Signature]*  
JOSE PEREZ (PA)

Date

03/10/04

Daytime Phone #

305-373.5802

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)