

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 21 AM 8:21

DOCUMENT # L01000022198

1. Limited Liability Company's Name

BWS Technology

500082679945

12/20/06--01041--002 **305.00

CR2E041 (8/05)

2. Principal Office Address

5201 Blue Lagoon Dr

3. Mailing Office Address

5201 Blue Lagoon Dr

Suite, Apt. #, etc.

250

Suite, Apt. #, etc.

250

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

12/20/01

6. FEI Number

020537593

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

Noah Otalvaro

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

5201 Blue Lagoon Dr

Suite, Apt. #, Etc.

250

City

Miami

State

FL

Zip Code

33126

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

Date

12/14/2006

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
MBR	BWS Holding Company	5201 Blue Lagoon Dr, #250	Miami, FI 33126
MGR	OTALVARO, NOAH	5201 Blue Lagoon Dr, #250	Miami, FI 33126

REINSTATEMENT 03-06

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

Date

12/14/2006

Daytime Phone #

305-772-7657

Typed or printed name of signing Managing Member/Manager

NOAH OTALVARO