

2003 UBR PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT
UBR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 JAN -2 AM 10:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # 602000002843

1. Limited Liability Company's Name

"DOAM IMPORT/EXPORT LLC"

300009793583
01/02/03--01088--003 ** 55.00

2. Principal Office Address

8842 SW 16 ST.

3. Mailing Office Address

8842 SW 16 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33165

Country

Dade

Zip

33165

Country

Dade

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

1/31/02

6. FEI Number

45-0465359

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

AMAYA LAFUENTE

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

8842 SW 16 ST.

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33165

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]

REGISTERED AGENT MUST SIGN

Date

12/28/02

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	Domingo Hernandez	8842 SW 16 ST.	Miami, FL 33165
MGRM	AMAYA LAFUENTE	8842 SW 16 ST.	Miami, FL 33165

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]

Date

12/28/02

Daytime Phone #

(305) 710-0318

Typed or printed name of signing Managing Member/Manager

Domingo Hernandez

CR20041 (9/01)