

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 11 AM 10:19

12/12/19

DOCUMENT # L02000007660

1. Limited Liability Company's Name

MADECOR FURNITURE USA LLC

REINSTATEMENT 2003

700025417157
12/11/03--01019--014 **150.00

2. Principal Office Address

1560 Sawgrass Corp Parkway

Suite, Apt. #, etc.

4 th Floor

City & State

Sunrise, FL

Zip

33323

Country

USA

3. Mailing Office Address

1560 Sawgrass Corp Parkway

Suite, Apt. #, etc.

4 th Floor

City & State

Sunrise, FL

Zip

33323

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

03/28/02

6. FEI Number

04-3660847

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

Ernesto Roa

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

1560 Sawgrass Corporate Parkway

Suite, Apt. #, Etc.

4 th Floor

City

Sunrise

State

FL

Zip Code

33326

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

Ernesto Roa

Date 12/04/03

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
MGR	Ernesto Roa	16175 Golf Club Rd # 113	Weston / FL / 33326

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

Ernesto Roa

Date 12/04/03

Daytime Phone# 954-3318007

Typed or printed name of signing Managing Member/Manager

Ernesto Roa

CR20041 (10/02)