

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

08 MAR 11 PM 1:45

DOCUMENT # L02000009341

1. Limited Liability Company's Name

META 5 LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 2351 SW 37 Avenue		3. Mailing Office Address 2351 SW 37 Avenue	
Suite, Apt. #, etc. Suite 803		Suite, Apt. #, etc. Suite 803	
City & State Miami FL		City & State Miami FL	
Zip 33145	Country USA	Zip 33145	Country USA

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida 03/08/2008	
6. FEI Number 83-0507707	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Massimiliano Fiano		
Street Address (P.O. Box Number is Not Acceptable) 2351 SW 37 Avenue		
Suite, Apt. #, Etc. Suite 803		
City Miami	State FL	Zip Code 33145

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Massimiliano Fiano
REGISTERED AGENT MUST SIGN

Date 03/08/2008

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	Massimiliano M. Fiano	2351 SW 37 Avenue	Miami FL, 33145

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REINSTATEMENT
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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

Massimiliano Fiano

Date 03/08/2008

Daytime Phone # 305-503-6145

Typed or printed name of signing Managing Member/Manager

MASSIMILIANO FIANO