L02000010023

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 OCT -8 PM 3:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DOCUMENT # L02000010023

1. Limited Liability Company's Name

LASER ELECTRONICS, LLC

2. Principal Office Address	3. Mailing Office Address
151 S.E. 15 RD.	151 S.E. 15 RD.
Suite, Apt. #, etc. C-1	Suite, Apt. #, etc. C-1
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33129 Country USA	Zip 33129 Country USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 04/26/02

6. FEI Number: 51-0424162 ☐ 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 HOCHNADEL

Street Address (P.O. Box Number is Not Acceptable): 151 S.E. 15 RD.

Suite, Apt. #, Etc.: C-1

City: MIAMI State: FL Zip Code: 33129

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 10/03/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGR.	LUIS HOCHNADEL	3700 NW 124 AVE. #104	CORAL SPRINGS, FL 33065
~~PRE.~~	~~GUSTAVO HOCHNADEL~~	~~3700 NW 124 AVE. #104~~	~~CORAL SPRINGS, FL 33065~~
		REINSTATEMENT	2003

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 10/03/03 Daytime Phone # 954 796 2772

Typed or printed name of signing Managing Member/Manager LUIS HOCHNADEL