

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

03 DEC -8 PM 5:35

**DOCUMENT #** L02000011868

**1. Limited Liability Company's Name**

RAF-KAZ INTERNATIONAL, LLC

**2. Principal Office Address**

3199 COMMODORE PLAZA

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FL

Zip

33133

Country

U.S.A

**3. Mailing Office Address**

3199 COMMODORE PLAZA

Suite, Apt. #, etc.

City & State

COCONUT, GROVE, FL

Zip

33133

Country

U.S.A

**4. State/Country of Formation**

FLORIDA, U.S.A

**5. Date Organized or Qualified  
To Do Business in Florida**

5-16-02

**6. FEI Number**

04-3668884

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

BRUNO H. SALVATIERRA

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

102 MENORES AVE

Suite, Apt. #, Etc.

APT. #02

City

CORAL GABLES

State

FL

Zip Code

33134

**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 12-1-03

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	DIEGO GABRIEL RAFECAS	SERRANO 1299, BUENOS AIRES	ARGENTINA
MGR	JAIME LUIS RAFECAS	155 URBANIZACION SANTA RAQUEL, ATE	LIMA, PERU
MGR	MARLO SALVATIERRA VARGAS	102 MENORES AVE. APT#2	CORAL GABLES, FL 33134
MGR	BRUNO H. SALVATIERRA	102 MENORES AVE. APT#2	CORAL GABLES, FL 33134

REINSTATEMENT

03  
dec

**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 12-1-03

Daytime Phone# (305) 445-0470

Typed or printed name of signing Managing Member/Manager