

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

06 AUG -3 AM 9:59

DOCUMENT # **L02 000020090**

1. Limited Liability Company's Name

New North America, LLC.

CR2E041 (8/05)

2. Principal Office Address

11205 SW 111 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33176

Country

USA

3. Mailing Office Address

11205 SW 111 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33176

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

08/07/2002

6. FEI Number

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

Arazota & Fernandez-Fraga, P.A.

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

2100 Salzedo Street

Suite, Apt. #, Etc.

Suite 300

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

REGISTERED AGENT MUST SIGN

Date

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	Paulo S Bello	11205 SW 111 Street	Miami / FL / 33176
MGR	Maria Augusta T Bello	11205 SW 111 Street	Miami / FL / 33176
MGR	Patricia Bello	11205 SW 111 Street	Miami / FL / 33176

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08/08/05--01037--018 **250.00

REINSTATEMENT

04-06

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

7/10/06

Daytime Phone #

305-546-4884

Typed or printed name of signing Managing Member/Manager

Patricia Bello