PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 JAN -7 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000021896

1. Limited Liability Company's Name
MOLI LLC

2. Principal Office Address	3. Mailing Office Address
713 Crandon Blvd	SAME
Suite, Apt. #, etc. #PH-3	Suite, Apt. #, etc.
City & State Key Biscayne, Florida	City & State
Zip 33149 / Country USA	Zip / Country

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business In Florida:
6. FEI Number: 41-2161131 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: Lisette Pie Salazar PA
Street Address (P.O. Box Number is Not Acceptable): 260 Crandon Blvd.
Suite, Apt. #, Etc.: Suite # 48
City: Key Biscayne | State: FL | Zip Code: 33149

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: Lisette Salazar PA Date: 1/5/05
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	Jenny Molina	713 Crandon Blvd # PH-3	Key Biscayne, FL 33149
		12/27/04--01088--020--$305.00	
	REINSTATEMENT	03-04 CWO	

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: Jenny Molina Date: 11/02/04 Daytime Phone#: 504 9902644

Typed or printed name of signing Managing Member/Manager: