PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

С	ED LIAE OMPAN STATEN	Y				Secreta	RTMENT O ary of State CORPORATIO)		04.5	FILEC)		
DOCUMENT # L02000022724 1. Limited Liability Company's Name Centralasiaimpex Ltd. Co.								04 DEC -7 PM 2:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA						
2. Principal Office Address 1220 N. Market St.				3. Mailing Office Address 1220 N. Market St.				4. State/Country of Formation						
Suite, Apt. #, etc. Suite 606				Suite, Apt. #, etc. Suite 606				FL 5. Date Organized or Qualified To Do Business in Florida 08/28/2002						
City & State Wilmington, DE				City & State Wilmington, DE				6. FEI Number Applied For ✓ Not Applicable						
^{Zip} 19801	·				^{Zip} 19801		Country		7. CERTIFICATE	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee region for a Certificate of Sta			Fee required of Status	
	Name				8.	Name and	Address of C	иггелt Register	red Agent					
	Street Add	dress (P.C	D. Box Numb		arch Ser			uval Stree	t	State FL	Zip Code 32303			
9. I, being Signature of Registered	f	e registere	ed agent of t	1/0.	e named limite	Pre	company, am f	amiliar with and	accept the obligati	ions of Ch	apter 608, F.S.	loy		
10. Name	es and Street	Addresse	<u>_</u>	ing Mem	bers/Manager	s								
Titles	Name of Managing Members/Managers				rs	Street Address of Each Managing Member/Mana								
mbr MGR							Barrack Road,			Belize City, Belize				
		T	ATE	MEI	WT -) (Q ()	3-20	r av	30:	<u> </u>	323603	33		
	是 克斯斯 克德 [30 8 7	1 # 6 ### a	C to Descri			3 20	, , , , , , , , , , , , , , , , , , , 						
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filing th all fees as if m Signature of	nis reinstatem s owed by the nade under o	ent applice limited lia ath.	cation the rea	ason for	dissolution has been paid. The	s been elim le informati	ninated, the limi	ited liability comp this application Date	pany name satisfier is true and accura	s the requite, and my	apter 608, F.S. I furth rements of section 60 y signature shall have 302-421-5	8.406, F.S., the same le	and that	

L02000022724

P.O. BOX 10662 TALLAHASSEE, FL 32302 1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303 PHONE: (800) 435-9371 FAX: (866) 860-8395

NAME: CENTRALASIAIMPLEX LTD CO

TYPE OF FILING: REINSTATEMENT

COST: \$200

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL/ADGI