Dec. 7. 2005 4:19PM ARIAS TUVAR & ASSOCIATES,PA No. 1823 P. 2/2

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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 DEC -7 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L02000025484

1. Limited Liability Company's Name
MUSAKI, LLC.

2. Principal Office Address	3. Mailing Office Address
4318 FOXTAIL LN	4318 FOXTAIL LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
WESTON, FL	WESTON, FL
Zip 33331 / Country USA	Zip 33331 / Country USA

4. State/Country of Formation: FLORIDA/USA

5. Date Organized or Qualified To Do Business in Florida: 9/27/2002

6. FEI Number: 20-3895721 ☐ 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: SACCHI, JOSE LUIS

Street Address (P.O. Box Number is Not Acceptable): 4318 FOXTAIL LN

Suite, Apt. #, Etc.

City: WESTON | State: FL | Zip Code: 33331

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 12/6/2005

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
PSD	SACCHI, JOSE LUIS	4318 FOXTAIL LN	WESTON, FL 33331
VSP	SACCHI, CHRISTIAN	4318 FOXTAIL LN	WESTON, FL 33331

REINSTATEMENT 2005

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 12/6/2005 Daytime Phone # (954) 682-5551

Typed or printed name of signing Managing Member/Manager _____

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