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Account Name : DOMINGO ALONSO C.P.A.
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LIMITED LIABILITY REINSTATEMENT

CLASS ELECTRONICS, L.L.C.

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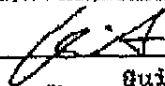
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 06 FEB 28 AM 8:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L02000029251 1. Limited Liability Company's Name CLASS ELECTRONICS, L.L.C.					
2. Principal Office Address Valentin Virasoro Suite, Apt. R, etc. 1012 City & State Buenos Aires Zip 1405		3. Mailing Office Address 300 SEVILLA AVENUE Suite, Apt. R, etc. 201 City & State CORAL GABLES, FL Zip 33134		4. State/Country of Formation Florida, USA 5. Date Organized or Qualified To Do Business in Florida 11/01/2002 6. FBT Number 331029867	
Country ARGENTINA		Country USA		7. CERTIFICATE OF STATUS DESIRED ☐	
8. Name and Address of Current Registered Agent Name AG CORPORATE SERVICES LLC Street Address (P.O. Box Number is Not Acceptable) 300 SEVILLA AVENUE Suite, Apt. R, etc. 201 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 605, F.S. Signature of Registered Agent  Date 1/26/06 REGISTERED AGENT MUST SIGN					
10. Name and Street Address of Managing Member/Managers					
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGRM	DANIEL CASTRO GUILLERMO	General Lavallo 2511	Florida/Buenos Aires		
MGRM	EDGARDO LEONIDAS BUZZONI	R.O. del Uruguay 778	Morón/Buenos Aires		
MGRM	FABIAN ALVAROMARTIN	Gob. Roca 289	Villa Carlos Paz/Córdoba		
REINSTATEMENT					
11. I certify that: I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 604.106, 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 Feb. 27 th Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager Guillermo Daniel Castro					