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L02000031675

APPROVED AND FILED

03 SEP 30 AM 11:24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000031675

REINSTATEMENT

1. Limited Liability Company's Name

Invilca Trade, LLC

2. Principal Office Address	3. Mailing Office Address
790 W. 27 Street	Same as #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, FL	City & State:
Zip: 33010 Country: USA	Zip: Country:

4. State/Country of Formation: FLORIDA/MIAMI DADE COUNTY

5. Date Organized or Qualified To Do Business in Florida: 11/21/2002

6. FEI Number: 47-0899595 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: MARCOS A. VILLALTA

Street Address (P.O. Box Number is Not Acceptable): 790 W. 27th Street

Suite, Apt. #, Etc:

City: Hialeah State: FL Zip Code: 33126

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: 09/30/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P,S,GM	Marcos A. Villalta	7064 NW 113 PL	Miami, FL 33178
D, GM	Humberto A. Villalta	16017 Saddlestring Dr.	Tampa, FL 33618
GM	Marlenis Caccia Capaldi	7064 NW 113 PL	Miami, FL 33178
D, GM	Giuseppe Caccia	11357 NW 73 Terr.	Miami, FL 33178

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 608.408, 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: 09/30/03 Daytime Phone #: 305-888-8038

Typed or printed name of signing Managing Member/Manager: _____

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2002

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

INVILCA TRADE, LLC

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