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BEACH, JASKOLSKI

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PAGE 02/03

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03 DEC -9 AM 8:54 NO. 024 0002

SECRETARY OF STATE
TALLAHASSEE, FLORIDALIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

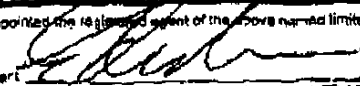
1. Limited Liability Company's Name
CIMAX USA, L.L.C.

REINSTATEMENT

2. Principal Office Address 3169 NE 163rd Street		3. Mailing Office Address Same as Principal		4. State/Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Continued To Do Business in Florida 12/02/02	
City & State North Miami Beach, FL		City & State		6. FEI Number 64-208-6049	
ZIP 33180	Country USA	ZIP	Country	7. CERTIFICATE OF STATUS DESIRED ☐	

8. Name and Address of Current Registered Agent	
NAME Eduardo I. Rasco, Esq.	
Street Address (P.O. Box Number is Not Applicable) Rosenthal Rosenthal Rasco, 2875 NE 191st Street	
Suite, Apt. #, Etc. Suite 500	
City Aventura	State Zip Code FL 33180

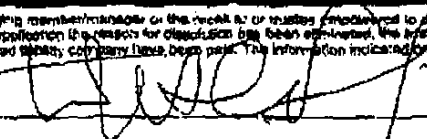
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 006, F.S.

Signature of Registered Agent  Date 12/3/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Alessandro Carraro	3169 NE 163rd Street	North Miami Beach, FL 33180
MGR	Pedro Moreira	3169 NE 163rd Street	North Miami Beach, FL 33180

11. I certify that I am managing member/manager of the limited liability company and hereby agree to provide this application as provided for in Chapter 006, F.S. I further certify that when filing this reinstatement application the checks for disbursements have been distributed, the limited liability company satisfies the requirements of Section 006.406, 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 _____ Dorsine Phone# _____

Typed or printed name of signing Managing Member/Manager _____

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STACY OSKOLSKI

PAGE 03/03

Department of State^D 12/8/2003^S 12:31 PAGE 1/1 RightFAX



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 8, 2003

CIMAX USA, LLC
3169 NE 163RD STREET
NORTH MIAMI BEACH, FL 33160

SUBJECT: CIMAX USA, LLC
REF: L02000032150

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Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

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LIMITED LIABILITY REINSTATEMENT

CIMAX USA, LLC

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