

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT -8 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000032695

1. Limited Liability Company's Name

Yarra International, LLC

2. Principal Office Address

1665 Michigan Ave

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Office Address

1665 Michigan Ave

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

12-05-02

6. FEI Number

38-3666190

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

Montero, Julian F. Esq. c/o Villar, Auty & Montero, P.L.

Street Address (P.O. Box Number is Not Acceptable)

1101 Brickell Ave

Suite, Apt. #, Etc.

Suite 804-A

City

Miami, FL

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

10/5/04

**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
MEM	Susana A. Callau	1541 Brickell Ave #504	Miami, FL 33129

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

10-5-04

Daytime Phone # (305) 538-2242

Typed or printed name of signing Managing Member/Manager

SUSANA A. CALLAU

CR2E041 (10/02)