PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COMPANY			DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 AUG 28 AM 9: 50	
DOCUMENT # ^{L0300000422}					- HOO TO HII 2- 30	
1. Limited Liability Company's Name						
MIXA, LLC				İ		
					CR2E041 (8/05)	
	Snapper Creek Road	3. Mailine Office Address		400		
		same		Florida	·-	
Stille Ant #	atr	Quita ant # ata		5. Date Organized or Qualified a routing		
City R. State				5. Date Organized or Qualified 8/21/06 To Do Business in Florida		
	ables, Fia	Citv & State			Applied For Not Applicable	
33156	Dade	7in	Country	7. CERTIFICATE	S5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent						
	T T .					
	Javier Dalmau					
	10840 Snopper Creek Road					
	(no. 1 (n) les to 3215/					
	COVAT GOLDIES, +C >>1) 0				State 7:- 0-da	
	305-793-1145 FL					
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 SIZI 26						
Registered Agent				Date		
10. Names and Street Addresses of Managing Members/Managers						
Titles	Name of Managing Members/Managers		Street Address of Ead Managing Member/Man		City / State / Zip	
	Javier Dalman 10840 Snappe			· CreeK		
	(President) Rd. Coral Galoles, FC					
	CHUSICION	777		19	0079335288	
		200	156	09/31.	/0801040007 **150.00	
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				المالكالكما	TEMENT 04-06	
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 Signature of Date 8/21/06 Daytime Phone # 305-793-1145						
Typed or printed name of signing Managing Member/Manager						

No Report received