FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L03000002974

1. Limited Liability Company's Name

NMG AMERICAS, LLC

CR2E041 (8/05)

2. Principal Office Address ONE PROGRESS PLAZA	**3.** Mailing Office Address ONE PROGRESS PLAZA	
Suite, Apt. #, etc. SUITE 620	Suite, Apt. #, etc. SUITE 620	**4.** State/Country of Formation FLORIDA
City & State ST. PETERSBURG, FL	City & State ST. PETERSBURG, FL	**5.** Date Organized or Qualified To Do Business in Florida 01/24/2003
Zip 33701 · Country USA	Zip 33701 · Country USA	**6.** FEI Number 34-1982134 · ☐ 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 JOSEPH SPYTEK

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

Suite, Apt. #, Etc. SUITE 620

City ST. PETERSBURG | State FL | Zip Code 33701

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 _____
REGISTERED AGENT MUST SIGN

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
MEMBER	STEPHANIE SPYTEK	ONE PROGRESS PLAZA, SUITE 620	ST. PETERSBURG, FL 33701

7000 7982 2937
09/14/06--01036--019 **250.00

REINSTATEMENT 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 _____ Date 9/1/06 Daytime Phone # (727) 898-3835

Typed or printed name of signing Managing Member/Manager STEPHANIE SPYTEK