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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 FEB -5 AM 11:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (1/07)

DOCUMENT # L03000005216

1. Limited Liability Company's Name

NORTHON LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1260 NW 29 ST	1260 NW 29 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33142 Country:	Zip: 33142 Country:

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 421577330 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: MASSIMO MAGNANI

Street Address (P.O. Box Number is Not Acceptable): 1260 NW 29 ST

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33142

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 02/02/2007

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
MGRM	MASSIMO MAGNANI	1260 NW 29 ST	MIAMI, FL 33142
MGRM	ONGINI DAVID	1260 NW 29 ST	MIAMI, FL 33142
MGRM	CHRISTIAN ORIUSSI	350 SOUTH SHORE DRIVE APT 1	MIAMI BEACH FL 33141
	REINSTATEMENT 2005-2007		

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. This 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 02/02/2007 Daytime Phone # 305-635-1744

Typed or printed name of signing Managing Member/Manager MASSIMO MAGNANI

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DATE: Friday, February 02, 2007

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: CHRISTIAN DRIUSSI
NORTHON LLC

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL SINCE 2005, 2006 AND 2007.

PLEASE FILE OUR ANNUAL REPORT AND DO NOT CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 305-635-1744 x 106

THANKS,

X _____
CHRISTIAN DRIUSSI, MANAGING MEMBER
NORTHON LLC

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Florida Department of State

Division of Corporations

Public Access System

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Fax Number : (850)205-0383

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

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LIMITED LIABILITY REINSTATEMENT

NORTHON LLC

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