

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 JAN 14 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000005960

1. Limited Liability Company's Name

INDEXET, LLC

2. Principal Office Address

4854 SW 72 AVENUE

3. Mailing Office Address

200 S. BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4100

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33155

Country

US

Zip

33131

Country

US

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

16-1660514

☒ 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

CORPORATE INTERNATIONAL REGISTERED AGENTS, INC.

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

200 SOUTH BISCAYNE BLVD

Suite, Apt. #, Etc.

SUITE 4100

City

MIAMI

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

1/5/05

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
MGMR	IMS COMPANIES LLC	4854 SW 72 AVENUE	MIAMI, FL 33155
MGMR	SAMUEL LEONEL	4854 SW 72 AVENUE	MIAMI, FL 33155
MGR	HECTOR BOTERO	4854 SW 72 AVENUE	MIAMI, FL 33155
MGR	ALICIA GUTIERREZ	4854 SW 72 AVENUE	MIAMI, FL 33155

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

1/5/05

Daytime Phone #

305 662 7373

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)