
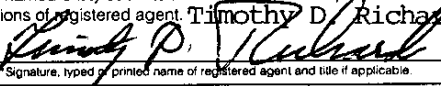



297.50

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L03000009324</b> 1. Entity Name <b>CHINA CAT LLC</b>						<b>FILED</b> <b>08 MAY -6 AM 8:06</b> CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2665 SOUTH BAYSHORE DRIVE, SUITE 703</b> <b>MIAMI, FL 33133</b>				Mailing Address <b>2665 SOUTH BAYSHORE DRIVE, SUITE 703</b> <b>MIAMI, FL 33133</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>WORLD CORPORATE SERVICES, INC.</b> <b>2665 SOUTH BAYSHORE DRIVE, SUITE 703</b> <b>MIAMI, FL 33133</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent, <b>Timothy D. Richards, President</b>							
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>4/30/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.				Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDS, TIMOTHY D 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Richards, Vicki 920 Placetas Avenue Coral Gables, FL 33146 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALZBERG, HARRY E 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>4/30/08</b>			
(305) 858-9900				Daytime Phone #			

REINSTATEMENT **82-08**