

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -8 AM 10: 50

DOCUMENT # L03000012666

1. Limited Liability Company's Name

Northland Automation, LLC

200076252782
06/16/06--01016--004 **255.00

CR2E041 (8/05)

2. Principal Office Address 1725 Main Street		3. Mailing Office Address 2655 Le Jeune Road	
Suite, Apt. #, etc. Suite 209		Suite, Apt. #, etc. Suite 609	
City & State Weston, FL		City & State Coral Gables, Florida	
Zip 33326	Country USA	Zip 33134	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 04/08/03	
6. FE Number 91-2190183	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Eduardo R. Arista, Esquire	
Street Address (P.O. Box Number is Not Acceptable) 2655 Le Jeune Road	
Suite, Apt. #, Etc. Suite 515	
City Coral Gables	State Zip Code FL 33134

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

5/23/6

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
MGR	Abraham Shiera	1725 Main Street, Suite 209	Weston, Florida 33326
MGR	Giuseppe La Manna	1725 Main Street, Suite 209	Weston, Florida 33326

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

[Signature]

Date

5/23/06

Daytime Phone #

(954) 629 4543

Typed or printed name of signing Managing Member/Manager