

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000022023

1. Limited Liability Company's Name

Marketing Positioning Group International LLC

2. Principal Office Address - No P.O. Box #

290 NW 165 Street

Suite, Apt. #, etc.

#M100

City & State

Miami, Florida 33169

Zip

33169

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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4. State/Country of Formation

Florida

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

06/17/2003

6. FEI Number

65-0874177

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

Marcello Pigozzo

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

290 NW 165 Street #M100

Suite, Apt. #, Etc.

City

Miami, Florida

State

FL

Zip Code

33169

☒ 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**

[Signature]

Date **6-28-07**

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
MGR	Marcello Pigozzo	1172 S Dixie Highway #546	Coral Gables, Fl. 33146

REINSTATEMENT

05-07

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 **6/11/07**

Daytime Phone # **(305) 944-9306**

Typed or printed name of signing Managing Member/Manager **Marcello Pigozzo**