

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L03000034464

1. Limited Liability Company's Name

SOUTHCONE INTERNATIONAL LLC

2. Principal Office Address

Rincon 477

Suite, Apt. #, etc.

Ofic. 702

City & State

Montevideo

Zip

11000

Country

Uruguay

3. Mailing Office Address

509 Madison Avenue

Suite, Apt. #, etc.

Suite 612

City & State

New York, NY

Zip

10022

Country

USA

4. State/Country of Formation
FL/ USA

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

09/11/2003

6. FEI Number

none

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Corporate Creations Network, Inc.

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

11380 Prosperity Farms Rd.

Suite, Apt. #, Etc.

#221E

City

Palm Beach GArdens

State

FL

Zip Code

33410

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

11/21/05

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	Hector Alejandro Gonzalez Peralta	Rincon 477, Ofic. 702	Montevideo, Uruguay

REINSTATEMENT 04-05

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

11/11/05

Daytime Phone #

(212)980-0340

Typed or printed name of signing Managing Member/Manager

Authorized person