L03000035155

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 22 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO 30000 35155

1. Limited Liability Company's Name
UNITRANSIT LC

04

2. Principal Office Address		3. Mailing Office Address	
Ste 302 East Bldg No 34/20		1220 N. Market St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Cuba Ave + 34th St		Suite 606	
City & State		City & State	
Panama City		Wilm DE	
Zip	Country	Zip	Country
	Panama	19801	USA

4a. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 9-16-2003

6. FEI Number: ☐ 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: Florida Filing & Search Services Inc

Street Address (P.O. Box Number is Not Acceptable): 1333 N. DuVall Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32303

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: 11/22/04

CR2E044 (10/02)

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
member	Euro Amex Exchange Inc	Ste. 302, East Bldg. No. 34/20	
member	Saturn Investment Group SA	Cuba Ave & 34th Street	Panama 5, Republic of Panama

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REINSTATEMENT 2004

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 608.408, 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: 11-19-04 Daytime Phone # 302 4215752

Typed or printed name of signing Managing Member/Manager: Sid Garnett Attorney-In-Fact of Member

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FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371 FAX: (866) 860-8395

DATE: 11-22-04

NAME: UNITRANSIT LC

TYPE OF FILING: REINSTATEMENT

COST: $150

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