

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEC. OF STATE
DIVISION OF CORPORATIONS

06 FEB 14 AM 11:20

DOCUMENT # **L03000035852**

1. Limited Liability Company's Name

SEL INTERNATIONAL, LLC

300066840443

02/28/06--01060--005 **400.00

CR2E041 (8/05)

2. Principal Office Address

2999 NE 191st Street

3. Mailing Office Address

2999 NE 191st Street

Suite, Apt. #, etc.

PH-8

Suite, Apt. #, etc.

PH-8

City & State

AVENTURA, FL

City & State

AVENTURA, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

09/19/2003

6. FEI Number

20-4256421

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

GRISALES-RACINI, OSCAR P.A.

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

2999 NE 191st Street

Suite, Apt. #, Etc.

PH-8

City

AVENTURA

State

FL

Zip Code

33180

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

REGISTERED AGENT MUST SIGN

Date

2/2/06

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	PERCHIK, ELIAS	2999 NE 191st Street PH-8	AVENTURA, FL 33180

REINSTATEMENT 05-06

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

Date

2/2/06

Daytime Phone #

305-7924911

Typed or printed name of signing Managing Member/Manager