

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 SEP -5 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500109295085
09/11/07--01018--013 **250.00

CR2E041 (1/07)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03-37225

1. Limited Liability Company's Name

Juno Imports, LLC

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

9496 Lago Dr

Suite, Apt. #, etc.

3. Mailing Office Address

9496 Lago Dr

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip
33472

Country
US

Zip
33472

Country
US

4. State/Country of Formation

Florida, US

5. Date Organized or Qualified
To Do Business in Florida

09/30/2003

6. FEI Number

562400729

☒ 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
LUIZ FERNANDO LOPES MACHADO

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

9496 LAGO DR

Suite, Apt. #, Etc.

City
Boynton Beach

State
FL

Zip Code
33472

☐ 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

Luiz Fernando L. Machado

REGISTERED AGENT MUST SIGN

Date 9/4/07

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	Luiz Fernando Lopes Machado	9496 Lago Dr	Boynton Beach, FL 33472

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

Luiz Fernando L. Machado

Date 9/4/07

Daytime Phone # 561-762-3258

Typed or printed name of signing Managing Member/Manager

LUIZ FERNANDO LOPES MACHADO