

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 15 PM 3:32

DOCUMENT # L03000041836

1. Limited Liability Company's Name

ARGENTO LLC

2. Principal Office Address

c/o 1492 S. Miami Ave.

3. Mailing Office Address

c/o 1492 S. Miami Ave.

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

Suite 203

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33130

Country

Zip

33130

Country

4. State/Country of Formation

Florida

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

10/29/03

6. FEI Number

20-1867284

☒ 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

INAKI SAIZARBITORIA, ESQ.

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

1492 S. Miami Ave.

Suite, Apt. #, Etc.

Suite 203

City

Miami

State

FL

Zip Code

33130

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

11/11/04

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
MGRM	LUCIANO A. COTUMACCIO	C/O 1492 S. Miami Ave., Suite 203	Miami, Florida 33130

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 11-11-04

Daytime Phone #

305-530-0007

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)