

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 MAR -9 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000015774

1. Limited Liability Company's Name

INDAS, LLC

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

1114 S. Douglas Rd. Ste 6

Suite, Apt. #, etc.

Suite 6

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
Florida

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

02/27/2004

6. FEI Number

20-8492354

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

Luis Agramunt

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

1114 S. Douglas Rd.

Suite, Apt. #, Etc.

Suite 6

City

Coral Gables

State

FL

Zip Code

33134

☒ 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

REGISTERED AGENT MUST SIGN

Date

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	Laboratorios Indas SA	1114 S. Douglas Rd S.6	Coral Gables, FL 33134
			500092643705 03/14/07--01045--026 **155.00
			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

Date

02/02/07

Daytime Phone #

305 4483027

Typed or printed name of signing Managing Member/Manager

Laboratorios Indas SA