2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 26, 2009
Secretary of State

DOCUMENT# L04000032090

Entity Name: LA ERA NATURAL USA LLC

Current Principal Place of Business:

AV. COSTERA MIGUEL ALEMAN S/N
MALECON FISCAL - COL CENTRO
ACAPULCO -GUERRERO, MX 39300 MX

New Principal Place of Business:

Current Mailing Address:

AV. COSTERA MIGUEL ALEMAN S/N
MALECON FISCAL - COL CENTRO
ACAPULCO -GUERRERO, MX 39300 MX

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TINA MAKI, PRESIDENT

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM ( ) Delete	
Name:	ALVAREZ, ADRIANA	
Address:	AV. SUNYAXCHEN, LOTES 63, ALTOS 1, SM 25	
City-St-Zip:	CANCUN, -- 77500 MX	
Title:	MGRM ( ) Delete	
Name:	ALVAREZ, FRANCISCO	
Address:	AV. SUNYAXCHEN, LOTES 63, ALTOS 1, SM 25	
City-St-Zip:	CANCUN, -- 77500 MX	
Title:	MGRM ( ) Delete	
Name:	ALVAREZ, PABLO	
Address:	AV. SUNYAXCHEN, LOTES 63, ALTOS 1, SM 25	
City-St-Zip:	CANCUN, -- 77500 MX	
Title:	MGRM ( ) Delete	
Name:	SOLIS, PEDRO	
Address:	AV. SUNYAXCHEN, LOTES 63, ALTOS 1, SM 25	
City-St-Zip:	CANCUN, -- 77500 MX	
Title:	MGRM ( ) Delete	
Name:	DAMIAN, MARINA	
Address:	AV. SUNYAXCHEN, LOTES 63, ALTOS 1, SM 25	
City-St-Zip:	CANCUN, -- 77500 MX	
Title:	MGRM ( ) Delete	
Name:	HANITSIZI, PAOLA	
Address:	AV. SUNYAXCHEN, LOTES 63, ALTOS 1, SM 25	
City-St-Zip:	CANCUN, -- 77500 MX	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ADRIANA ALVAREZ MGRM 10/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date