

L04000033339

Florida Department of State
Division of Corporations
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L. SELLERS
JUN - 5 2009
EXAMINER

LIMITED LIABILITY REINSTATEMENT**CONTRALTO, LLC**

Certificate of Status	1
Certified Copy	81
Page Count	02
Estimated Charge	\$382.50

412.50

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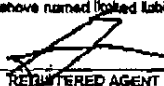
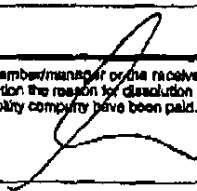
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000033339 1. Limited Liability Company's Name Contrato, LLC			
2. Principal Office Address - No P.O. Box # c/o API USA Suite, Apt. #, etc. 229 W. 43rd St., 10th Floor City & State New York, New York Zip 10036 Country USA		3. Mailing Office Address c/o API USA Suite, Apt. #, etc. 229 W. 43rd St., 10th Floor City & State New York, New York Zip 10036 Country USA	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 4/30/2004	
6. PEI Number 201414963		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 Maya Tzinder Street Address (P.O. Box Number is Not Acceptable) 3050 Biscayne Blvd., 700W Suite, Apt. #, Etc. Suite 700 City Miami State FL Zip Code 33137		☐ 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  Date <u>6/4/09</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Olympia Florida, LLC	229 West 43rd Street, 10th Floor	New York, New York 10036
REINSTATEMENT 0809			
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 <u>6/4/09</u> Daytime Phone # <u>212-265-1400</u> Typed or printed name of signing Managing Member/Manager <u>Tamir Kazaz, CEO</u>			