

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

08 APR 14 PM 2:10

CR2E041 (12/07)

DOCUMENT # L04000033618

1. Limited Liability Company's Name

TRANSCON INTERNATIONAL, LLC

W08-12854

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

2254 SW 131ST AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

2254 SW 131ST AVENUE

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIRAMAR, FLORIDA

Zip

33027

Country

USA

Zip

33027

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

05/03/2004

6. FEI Number

432058369

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

GUERDIN LECORPS

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

2254 SW 131ST AVENUE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **02/28/2008**

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	SALOME ANGRAND	2035 RODMAN STREET	HOLLYWOOD, FLORIDA, 33020

REINSTATEMENT

05-08

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

[Signature: Salome Angrand]

Date **02/28/2008**

Daytime Phone # **786-877-8195**

Typed or printed name of signing Managing Member/Manager

SALOME ANGRAND