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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : A1A REGISTERED AGENT INC.
Account Number : I20090000032
Phone : (866)703-8828
Fax Number : (561)202-8082

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
KAWASAKI EXPORT CENTER, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	$377.50

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J. BRYAN
JUL -5 2011
EXAMINER

Jul 01 11 02:28p A1A REGISTERED AGENT INC. 5612028082 p.1

H11000172403

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L04000034837

1. Limited Liability Company's Name

KAWASAKI EXPORT CENTER, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5647 110TH AVENUE NORTH	5647 110TH AVENUE NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROYAL PALM BEACH, FL	City & State: ROYAL PALM BEACH, FL
Zip: 33411 Country: US	Zip: 33411 Country: US

4. State/Country of Formation: FLORIDA, U.S.A.

5. Date Organized or Qualified To Do Business in Florida: 05/06/2004

6. FEI Number: ☑ 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: A1A REGISTERED AGENT INC.

Street Address (P.O. Box Number is Not Acceptable): 5647 110TH AVENUE NORTH

Suite, Apt. #, Etc.

City: ROYAL PALM BEACH State: FL Zip Code: 33411

E-mail Address:
REGAGENTSERVICES@YAHOO.COM
(To be used for future annual report notices)

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: Tina Khale Date: 6/29/11
REGISTERED AGENT MUST SIGN

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	ANTONIO VELASQUES	AV. PREF. DULCIDIO CARDOSO, 2255-501	RIO DE JANEIRO, BRAZIL
			JB

REINSTATEMENT 2010 - 11

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 608.508, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Antonio Velasques Date: 6/29/11 Daytime Phone #: 55-21-99886698

Typed or printed name of signing Managing Member/Manager: ANTONIO VELASQUES

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