

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 20 AM 11:26

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

LO4000059637

1. Limited Liability Company's Name

SIBON INTERNATIONAL, LLC

2. Principal Office Address

255 NE 2 AVE

Suite, Apt. #, etc.

237

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

8/10/2004

6. FEI Number

51 051 8695

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

PATRICIA MADDOX

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

255 NE 2 AVE.

Suite, Apt. #, Etc.

237

City

DELRAY BEACH

State

FL

Zip Code

33444

REINSTATEMENT 2005

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

Patricia Maddox

REGISTERED AGENT MUST SIGN

Date

6/15/05

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 | ULRICO LIVINGSTON | 943 GREENSWARD LANE | DELRAY BEACH, FL 33445 |
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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

Ulrico Livingston

Date

6/15/05

Daytime Phone #

561 441-7149

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)