

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000061163

BK

1. Limited Liability Company's Name

THE KENDALL INTERNATIONAL TRADING GROUP, LLC

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

3473 SW 8TH ST

3. Mailing Office Address

3473 SW 8TH ST

Suite, Apt. #, etc.

SUITE # 103

Suite, Apt. #, etc.

SUITE # 103

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33135

Country

USA

Zip

33135

Country

USA

8. Name and Address of Current Registered Agent

Name

JOSE D. MANZANARES DE SILVA

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

3473 SW 8TH ST

Suite, Apt. #, Etc.

SUITE # 103

BK

City

MIAMI

State

FL

Zip Code

33135

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

REGISTERED AGENT MUST SIGN

Date 10-17-07

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	JOSE D. MANZANARES DE SILVA	3473 SW 8TH ST SUITE # 103	MIAMI FL 33135
MGRM	CARLOS ARCE	3473 SW 8TH ST SUITE # 103	MIAMI FL 33135

REINSTATEMENT 2006-2007

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 10-17-07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

JOSE D. MANZANARES DE SILVA

FILED

07 OCT 22 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700111362267

10/25/07--01049--012 **100.00

CR2E041 (1/07)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

08/18/2004

6. FEI Number

20-1550986

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.