

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

09 FEB 10 AM 11:53

REINSTATEMENT 01-09 12M

CR2E041 (10/08)

DOCUMENT # LD4 000077586

1. Limited Liability Company's Name

oOne LLC

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

18 East Dillido Drive

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Miami Beach

City & State

Zip

Country

33139

Miami Dade

Zip

Country

4. State/Country of Formation

Florida / Miami-Dade

5. Date Organized or Qualified
To Do Business in Florida

10/26/2004

6. FEI Number

43-2064327

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

Kirk D. Bardole

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

18 East Dillido Drive

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

☐ 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

Kirk D. Bardole

REGISTERED AGENT MUST SIGN

Date 25 January 2009

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	Kirk D Bardole	18 East Dillido Drive	Miami Beach, FL 33139
MGRM	Mark Wuest	Hardturn Strasse 262	Zurich, Switzerland 80054

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

Kirk D. Bardole

Date 25 Jan 09

Daytime Phone # 305.519.8746

Typed or printed name of signing Managing Member/Manager

Kirk D. Bardole