

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

07 SEP 20 AM 9:32

DOCUMENT # L04000080011

1. Limited Liability Company's Name

VIP PRODUCTS IMPORT & EXPORT, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
13907 SW 62nd TERRACE

Suite, Apt. #, etc.

City & State
MIAMI,

Zip
33183

Country
FL

3. Mailing Office Address
13907 SW 62nd TERRACE

Suite, Apt. #, etc.

City & State
MIAMI,

Zip
33183

Country
FL

4. State/Country of Formation
FL, USA

5. Date Organized or Qualified
To Do Business in Florida 11/03/2004

6. FEI Number 01-0823172

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
JOSE ALEJANDRO TRIVINO

Street Address (P.O. Box Number is Not Acceptable)
13907 SW 62nd TERRACE

Suite, Apt. #, Etc.

City
MIAMI,

State
FL

Zip Code
33183

☒ 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

REGISTERED AGENT MUST SIGN

Date

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 ALEJANDRO TRIVINO	13907 SW 62nd TERRACE	MIAMI, FL 33183
			300109980043 08/26/07--01035--009 **155.00
			REINSTATEMENT
			2005-2007
			BLT

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

9-14-07

Daytime Phone #

305 527 0070

Typed or printed name of signing Managing Member/Manager