

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000087439**

1. Limited Liability Company's Name

EMPIRE SETTLEMENTS LLC

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

999 Brickell Avenue

Suite, Apt. #, etc.

Suite 700

City & State

Miami/FL

Zip

33131

Country

USA

3. Mailing Office Address

999 Brickell Avenue

Suite, Apt. #, etc.

Suite 700

City & State

Miami/FL

Zip

33131

Country

USA

8. Name and Address of Current Registered Agent

Name

Corpag Services USA, Inc.

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

999 Brickell Avenue

Suite, Apt. #, Etc.

Suite 700

City

Miami

State

FL

Zip Code

33131

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

[Signature]

Date **12/29/2008**

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
MGR	Corpag Management (BVI) Limited	P.O. Box 38, Palm Grove House, Road	Tortola, British Virgin Islands
	S. HAWKES		
	JAN 9 2009		
	EXAMINER		
		REINSTATEMENT	
		2005-2008	

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

[Signature]

Date **12/29/2008**

Daytime Phone # **305-358-7872**

Typed or printed name of signing Managing Member/Manager

David te Boekhorst - Director of Corpag Management (BVI) Limited

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (10/08)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida **12/03/2004**

6. FEI Number

☐ 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.