2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000007614

1. Entity Name
NORTH STAR IMPORT & EXPORT L.L.C.

FILED
07 APR -5 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

04042007 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
123 SANTILLANE AVE., #2 CORAL GABLES, FL 33134	123 SANTILLANE AVE., #2 CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8100 TAFT ST	8100 TAFT ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES	City & State: PEMBROKE PINES FL
Zip: 33024 Country: USA	Zip: 33024 Country: USA

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENDOZA, JORGE 123 SANTILLANE AVE., #2 CORAL GABLES, FL 33134	Name: ANDY CEVALLOS Street Address (P.O. Box Number is Not Acceptable): 8100 TAFT ST City: PEMBROKE PINES FL Zip Code: 33024

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________ 4/4/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MENDOZA, JORGE 123 SANTILLANE AVE., #2 CORAL GABLES, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400096446304 04/11/07--01020--023 **100.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CEVALLOS, ANDY 123 SANTILLANE AVE., #2 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8100 TAFT ST PEMBROKE PINES FL. 33024
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REINSTATEMENT 2006-2007

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ________ 4-4-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #