

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS
FILED

08 OCT 23 AM 10:47

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
DOCUMENT # L05000037888

1. Limited Liability Company's Name

US TRONIX LLC
100136340261
 09/25/08--01044--008 **138.75

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 6755 THORNHILL CIRCLE Suite, Apt. #, etc.		3. Mailing Office Address 6755 THORNHILL CIRCLE Suite, Apt. #, etc.	
City & State WINDERMERE, FL.		City & State WINDERMERE, FL.	
Zip 34786	Country U.S.A.	Zip 34786	Country U.S.A.

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business In Florida 04/19/2005	
6. FEI Number 51-0543358	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

B. Name and Address of Current Registered Agent

Name RAFAEL E. ESTRADA		
Street Address (P.O. Box Number is Not Acceptable) 6755 THORNHILL CIRCLE Suite, Apt. #, Etc.		
City WINDERMERE	State FL	Zip Code 34786

☒ 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

Date 9-22-08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	RAFAEL E. ESTRADA	6755 THORNHILL CIRCLE	WINDERMERE, FL. 34786

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REINSTATEMENT 2007-2008

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

Date 9-22-08 Daytime Phone # 407-812-8602

 Typed or printed name of signing Managing Member/Manager
 RAFAEL E. ESTRADA, MGR