L05000089175

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : A1A REGISTERED AGENT INC.
Account Number : T20090000032
Phone : (866)703-8828
Fax Number : (561)202-8082

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MARTA@MEDITERRANEOINTL.COM

LIMITED LIABILITY REINSTATEMENT
MEDITERRANEO INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

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DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2012

MEDITERRANEO INTERNATIONAL, LLC
PO BOX 450098
MIAMI, FL 33245

SUBJECT: MEDITERRANEO INTERNATIONAL, LLC
REF: L05000039175

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Reinstatement form must be submitted with your cover sheet to properly reinstate the above mentioned entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers
Regulatory Specialist II

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT #

1. Limited Liability Company's Name
MEDITERRANEO INTERNATIONAL, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
CALLE MARCELO CURRAS 6	PO BOX 450098
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: VIGO, PONTEVEDRA	City & State: MIAMI
Zip: 36204 Country: SPAIN	Zip: 33245 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 04/21/2005

6. FEI Number: 830428994 ☐ 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: A1A REGISTERED AGENT INC.
Street Address (P.O. Box Number is Not Acceptable): 5647 110TH AVENUE NORTH
Suite, Apt. #, Etc:
City: ROYAL PALM BEACH State: FL Zip Code: 33411

E-mail Address:
marta@mediterraneointl.com
(To be used for future annual report notices)

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: 12/7/12
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	MARTA AMOEDO	PO BOX 450098	MIAMI FL 33245

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.406, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Marta Amoedo Date: 12/7/12 Daytime Phone #: 866-703-8828

Typed or printed name of signing Managing Member/Manager: MARTA AMOEDO

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REINSTATEMENT 2012