PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:57

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000055499

1. Limited Liability Company's Name
GBM USA, L.L.C.

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
C/O: 290 NW 165 ST.	C/O: 290 NW 165 ST
Suite, Apt. #, etc. M-100	Suite, Apt. #, etc. M-100
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33169 / Country USA	Zip 33169 / Country USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 6/3/05

6. FEI Number: ☑ 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: DANIEL DIAZ DE LA ROCHA, CPA
Street Address (P.O. Box Number is Not Acceptable): 290 NW 165 ST.
Suite, Apt. #, Etc.: MEZZANINE 100
City: MIAMI
State: FL
Zip Code: 33169

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] CPA — Date: 9/20/06
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	GASTON JR. BLANCHET	C/O: 290 NW 165 ST., M-100	MIAMI, FL 33169
			09/18/06--01055--017 **155.00
		REINSTATEMENT 2006	

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: 09-20-2006 Daytime Phone # 305 949-9155

Typed or printed name of signing Managing Member/Manager: GASTON JR. BLANCHET