

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000056298

1. Limited Liability Company's Name

INTEROP PROMOTIONS LLC

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

1610 NW 128TH DRIVE

Suite, Apt. #, etc.

212

City & State

SUNRISE, FL

Zip

33323

Country

USA

3. Mailing Office Address

1610 NW 128TH DRIVE

Suite, Apt. #, etc.

212

City & State

SUNRISE, FL

Zip

33323

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

06/07/2005

6. FEI Number

542175018

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

ERIC A. KERN

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

1610 NW 128TH DRIVE

Suite, Apt. #, Etc.

212

City

SUNRISE

State

FL

Zip Code

33323

☒ 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

REGISTERED AGENT MUST SIGN

Date **10/24/2007**

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	ERIC A. KERN	1610 NW 128TH DR, APT 212	SUNRISE, FL 33323
MGR	GIOVANNI ESTEVES	1610 NW 128TH DR, APT 212	SUNRISE, FL 33323

REINSTATEMENT 0607

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 **10/24/2007**

Daytime Phone **954-636-6050**

Typed or printed name of signing Managing Member/Manager

GIOVANNI ESTEVES