

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000086612

1. Limited Liability Company's Name

PARIMA INTERNATIONAL TRADING, LLC

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

2250 NW 136TH AVENUE

Suite, Apt. #, etc.

PEMBROKE FALLS EXECUTIVE SUITES

City & State

PEMBROKE PINES, FL

Zip

33023

Country

US

3. Mailing Office Address

12359 NW 7TH LN

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33182

Country

US

4. State/Country of Formation

MIAMI-DADE FL

5. Date Organized or Qualified  
To Do Business in Florida

08/31/2005

6. FEI Number

20-3411276

☐ 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

ALEJANDRO AMARO

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

80W 23RD ST

Suite, Apt. #, Etc.

13

City

HIALEAH

State

FL

Zip Code

33010

E-mail Address:

rafaelasosa1@yahoo.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 Alejandro Amaro

Date

2/4/11

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	CARDENAS, EDUARDO G	2250 NW 136TH AVENUE	PEMBROKE PINES FL 33028
MGR	AMARO, ALEJANDRO	80 W 23RD ST APT 13	HIALEAH FL 33010-2203

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. 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

Alejandro Amaro

Date

2/4/11

Daytime Phone #

78-219-6619

Typed or printed name of signing Managing Member/Manager ALEJANDRO AMARO