

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LOS000121355

1. Limited Liability Company's Name

BROGTEC USA LLC

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

609 OCEAN DR,

Suite, Apt. #, etc.

36

City & State

KEY BISCAYNE

Zip

33149

Country

FL

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL 33149

Zip

33149

Country

FL

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

12/21/2005

6. FEI Number

76-0817421

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 Berger

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

609 OCEAN DR

Suite, Apt. #, Etc.

Key Biscayne

City

Key Biscayne

State

FL

Zip Code

33149

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]

REGISTERED AGENT MUST SIGN

Date

11/30/07

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
<del>MAN</del>	<u>Daniel Berger</u>	<u>609 OCEAN DR</u>	<u>Key Biscayne, FL 33149</u>
			<u>000112352230</u> <u>11/18/07--01004--020 **200.00</u>
	<u>check #2048</u> <u>BOA</u>		<u>REINSTATEMENT 06-07</u>

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

11/11/07

Daytime Phone #

786-564 1309

Typed or printed name of signing Managing Member/Manager

DANIEL BERGER

FILED

08 FEB -5 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)