Division of Corporations Page 1 of 1

L06000020697

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6363

From:
Account Name : JACQUELINE F RODRIGUEZ CPA PA
Account Number : FI4990000928
Phone : (954)389-0729
Fax Number : (954)337-8346

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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

CARISMA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	~~$138.75~~

$277.50

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C. LEWIS
DEC 08 2008
EXAMINER

10/9/2008

December 1, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CARISMA LLC
21055 NE 37TH AVENUE
1603
AVENTURA, FL 33180

SUBJECT: CARISMA LLC
REF: L06000020697

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.

You must reinstate under the old name, then we will file the amendment to change the name right behind the reinstatement.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration Section

FAX Aud. #: H08000253323
Letter Number: 708A00058665

P.O. BOX 6327 – Tallahassee, Florida 32314

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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

2008 DEC -4 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/06)

DOCUMENT # L06000020697

1. Limited Liability Company's Name

Carisma LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
21055 NE 37th ave	21055 NE 37th ave
Suite, Apt. #, etc. 1603	Suite, Apt. #, etc. 1603
City & State Aventura - FL	City & State Aventura - FL
Zip 33180 Country United States	Zip 33180 Country United States

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: Feb 19, 2006

6. FEI Number: none — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 additional fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Weston Corporate Administration LLC

Street Address (P.O. Box Number is Not Acceptable): 17150 Royal Palm Blvd

Suite, Apt. #, Etc.: Suite 4

City: Weston — State: FL — Zip Code: 33326

☑ 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: Jacqueline Rodriguez — Date: October 9, 2008
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	GRAZIANI, HERMAN	21055 NE 37TH AVE 1603	AVENTURA FL 33180
MGRM	MORRISON DE GRAZIANI, Diana DIA	21055 NE 37TH AVE 1603	AVENTURA FL 33180

REINSTATEMENT 07-08

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: Diana Graziani — Date: 10/09/2008 — Daytime Phone #: 954-389-0729

Typed or printed name of signing Managing Member/Manager: DIANA GRAZIANI