PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	AAIJ US KAQMO: NSTATEN	Υ) :	DEPAR Secretary	y of S		E		TO APR 13	PHIS	
DOCUMENT # L0600020764 1. Limited Liability Company's Name								+	2001696721			
Handicraft Imports, LLC								03/29/10-01064022 ***38.75 3000-01044016 **277.50				
2. Principal Office Address - No P.O. Box # 3. Mailing Office									CR2E041 (10/08)			
2900 W. Sample Rd Unit 4501				2900 W. Sample Rd Unit 4501					4. State/Country of Formation Florida, USA			
Suite, Apt. #. etc.				Suite, Apt. #, etc.					5. Date Organized or Qualified To Do Business in Florida 02/27/2006			
City & State				City & State					6. FEI Number Applied For			
Pompano Beach, FL			Pompano	Beach,	,		20-2846440			Not Applicable		
^{Zip} 33073	USA		33073		USA	•				.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent												
Name Guisela Melgar									A \$100 reinstatement fee is imposed, except in circumstances which the entity did not			
Street Address (P.O. Box Number is Not Acceptable) 1151 South Park Rd									receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
Suite, Apt. #, Etc. Apt 203												
City Hollywood					State Zip Code FL 33021				TORISHIGHT DO WAIVOU.			
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						•			Date 11/03/2009			
REGISTERED AGENT MUST SIGN												
10. Name	es and Street	Addresse	s of Managing Me	nbers/Managers	T							
Titles	itles Name of Managing Members/ Managers					Street Address of Each Managing Member/Mana				City / Sta		
MGRM	Guisela	•		1151 South Park Rd Apt 203			3	Hollywood, S. H	AWKES			
									-	AP	PR 1 4 2010	
REINSTATEMENT									S. H	AWKES EXAM	/INER	
	2008-10 1/18.5								F	8832011		
	(25)								EXAMINER EXAMINER			
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11. I certify that I am managing member/manager or the receiver or trustee suppowered 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												
Typed or printed name of signing Managing Member/Manager Guisela Melgar												



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2010

HANDICRAFT IMPORTS, LLC ***2ND MAIL OUT*** 1151 SOUTH PARK RD APT 203 HOLLYWOOD, FL 33021

SUBJECT: HANDICRAFT IMPORTS, LLC

Ref. Number: L06000020764

We have received your document for HANDICRAFT IMPORTS, LLC and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010;and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$138.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

Letter Number: 010A00004667