

Division of Corporations

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L06000053461

Florida Department of State
Division of Corporations
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Fax Number : (850) 617-6383

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Account Name : FOWLER WHITE BURNETT P.A.
Account Number : 071250001512
Phone : (305) 789-9200
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Email Address: jfriedhoff@fowler-white.com

**LIMITED LIABILITY REINSTATEMENT
INACE U.S.A., LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$516.25

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EXAMINER

Audit No. H12000059787 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -6 AM 8:59LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000053461

1. Limited Liability Company's Name

INACE U.S.A., LLC

2010

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1395 Brickell Avenue		3. Mailing Office Address 1395 Brickell Avenue		4. State/Country of Formation Florida	
Suite, Apt. #, etc. 14th Floor-JHF		Suite, Apt. #, etc. 14th Floor-JHF		5. Date Organized or Qualified To Do Business in Florida 05/23/2006	
City & State Miami, FL		City & State Miami, FL		6. FEI Number 20-8455861	
Zip 33131	Country USA	Zip 33131	Country USA	Applied For Not Applicable	
8. Name and Address of Current Registered Agent Name John H. Friedhoff, Esq. Street Address (P.O. Box Number is Not Acceptable) 1395 Brickell Avenue Suite, Apt. #, Etc. 14th Floor City Miami				7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status E-mail Address: jfriedhoff@fowler-white.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 /s/ JOHN H. FRIEDHOFF,

Date 3/6/2012

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	FERREIRA, SERGIO	4596 Alton Road	Miami Beach, FL 33140

REINSTATEMENT 2010-2012

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 withdrawn; the limited liability company name satisfies the requirements of section 608.405, 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

Date 02/05/2012 Daytime Phone # (305) 531-0343

Typed or printed name of signing Managing Member/Manager

SERGIO FERREIRA MANAGER