

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JAN 25 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000054651

1. Limited Liability Company's Name

P&P INTERNATIONAL, LLC

CR2E041 (11/09)

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

31 SE 5 STREET

Suite, Apt. #, etc.

202

City & State

MIAMI, FL 33131

Zip

33131

Country

US

3. Mailing Office Address

31 SE 5 STREET

Suite, Apt. #, etc.

202

City & State

MIAMI, FL 33131

Zip

33131

Country

US

4. State/Country of Formation

FLORIDA, US

5. Date Organized or Qualified
To Do Business in Florida

5/25/2006

6. FEI Number

20-5181021

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

DE LA TORRE, TARABOULOS & COMPANY

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

9400 S. DADELAND BLVD.

Suite, Apt. #, Etc.

SUITE 601

City

MIAMI

State

FL

Zip Code

33156

☒ 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

REGISTERED AGENT MUST SIGN

Date 1/12/2010

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
MGRM	PAULO PESTANA - PEREIRA	31 SE 5 STREET; 202	MIAMI, FL 33131
MGRM	PAULO PESTANA - ALVES	31 SE 5 STREET; 202	MIAMI, FL 33131

REINSTATEMENT 08-10-200166677582
01/20/10-01007-010 **416.25

OK 1-25-10

11. E-mail Address: pestana-paulo@hotmail.com

12. 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

Date

1/12/10

Daytime Phone #

305-670-3370

Typed or printed name of signing Managing Member/Manager Paulo Pestana