

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 24 PM 1:27

1. Limited Liability Company's Name

MASTER BUNKER USA LLC

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

13909 SW 172ND LN

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33177

Country

3. Mailing Office Address

13909 SW 172ND LN

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33177

Country

8. Name and Address of Current Registered Agent

Name
CARLOS ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)
13909 SW 172ND LN

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
177

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 03/09/2009

REGISTERED AGENT MUST SIGN

☒ 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.

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
MGR	CARLOS ALVAREZ	13909 SW 172ND LN	MIAMI, FL. 33177

T. Hampton

MAR 25 2009

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

Date 03/09/2009

Daytime Phone# (305)965-1010

Typed or printed name of signing Managing Member/Manager **CARLOS ALVAREZ**