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Account Number : I20080000010
Phone : (305)513-3639
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LIMITED LIABILITY REINSTATEMENT
ANNESA ELECTRONICS, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000006786

1. Limited Liability Company's Name

ANNESA ELECETRONICS LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7062 N.W. 113 COURT	7062 N.W. 113 COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DORAL, FL	City & State: DORAL, FL
Zip: 33178 Country: USA	Zip: 33178 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 1/18/2007

6. FEI Number: 20-8286658 ☐ 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: CABANAS & ASSOCIATES PA

Street Address (P.O. Box Number is Not Acceptable): 10520 N.W. 26 STREET

Suite, Apt. #, Etc.: SUITE C-201

City: DORAL State: FL Zip Code: 33172

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: John Cabanas — REGISTERED AGENT MUST SIGN — Date: 11/11/10

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	ANTONIO NEPITA	7062 N.W. 113 COURT	DORAL, FL. 33178
MGRM	FRANZ NEPITA	7062 N.W. 113 COURT	DORAL, FL. 33178
MGRM	GLADYS NEPITA	7062 N.W. 113 COURT	DORAL, FL. 33178

11. E-mail Address: MARIA@CABANASPA.COM (To be used for future annual report notifications)

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: F. Nepita Date: 11/11/10 Daytime Phone #: 305 513-3639

Typed or printed name of signing Managing Member/Manager

Fax Audit # H10000245508 3

11/10/2010 21:46 3055134122 CABANAS & ASSOCIATES PAGE 02