

L07000009385

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 FEB 10 AM 11:10

DOCUMENT # L07000009385

1. Limited Liability Company's Name

APPLIED TECHNOLOGY PRODUCTS, USA LLC

200168402492  
02/10/10--01003--011 \*\*416.25

CR2E041 (11/09)

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

10369 SW 210 TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

10369 SW 210 TERRACE

Suite, Apt. #, etc.

City & State

CUTLER BAY, FL

City & State

CUTLER BAY, FL

Zip

33189

Country

Zip

33189

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

01/25/2007

6. FEI Number

20-8453623

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

GLORIA INES URIBE SIERRA

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

10369 SW 210 TERRACE

Suite, Apt. #, Etc.

City

CUTLER BAY

State

FL

Zip Code

33189

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

*[Signature]*

Date

02/09/10

REGISTERED AGENT MUST SIGN

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	GLORIA INES URIBE SIERRA	10369 SW 210 TERRACE	CUTLER BAY, FL 33189
MGRM	JOHN J ZAPATA GARCIA	10369 SW 210 TERRACE	CUTLER BAY, FL 33189

REINSTATEMENT 2008-2010

11. E-mail Address:

(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

*[Signature]*

Date

02/19/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager