

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000023227

FILED
Dec 01, 2009
Secretary of State

Entity Name: MG ARMS INTERNATIONAL LLC

Current Principal Place of Business:

9450 NW 58TH STREET STE 104
DORAL, FL 33178

New Principal Place of Business:

9450 NW 58TH STREET
STE 104
DORAL, FL 33178

Current Mailing Address:

9450 NW 58TH STREET STE 104
DORAL, FL 33178

New Mailing Address:

9450 NW 58TH STREET
STE 104
DORAL, FL 33178

FEI Number: 20-8588901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOJCIKIEWICZ, MAURO
9450 NW 58TH STREET STE 104
DORAL, FL 33178 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MAURO WOJCIKIEWICZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: ANSELM, ALEX
Address: 9450 NW 58TH STREET STE 104
City-St-Zip: DORAL, FL 33178

Title: MGR () Delete
Name: WOJCIKIEWICZ, MAURO
Address: 9450 NW 58TH STREET STE 104
City-St-Zip: DORAL, FL 33178

Title: MGR () Delete
Name: LARA, JUAN MANUEL
Address: 9450 NW 58TH STREET STE 104
City-St-Zip: DORAL, FL 33178

Title: MGR (X) Delete
Name: BARRIOS, GEMVIRLI
Address: 9450 NW 58TH STREET STE 104
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MAURO WOJCIKIEWICZ

DIR

12/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date