

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 SEP 15 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000034486

1. Limited Liability Company's Name

FACTORY USA, LLC

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

3470 East Coast Ave

Suite, Apt. #, etc.

#1402

City & State

Miami, FL

Zip

33137

Country

USA

3. Mailing Office Address

3470 EAST COAST AVE

Suite, Apt. #, etc.

#1402

City & State

MIAMI, FL

Zip

33137

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified

To Do Business in Florida 04/02/2007

6. FEI Number

20-8776226

☐ 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

CASTALDO, GIANLUCA

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

3470 East Coast Ave

Suite, Apt. #, Etc.

#1402

City

Miami

State

FL

Zip Code

33137

400183362514
07/15/10--01036--008 **238.75

400183362514
09/16/10--01030--012 **282.50

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 07/13/2010

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	CASTALDO, GIANLUCA	3470 E. Coast Ave #1402	Miami, FL 33137

REINSTATEMENT 2008-10

11. E-mail Address: LUCA782@HOTMAIL.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

Date 07/13/2010

Daytime Phone # (786) 439-8370

Typed or printed name of signing Managing Member/Manager CASTALDO, GIANLUCA

W1-33745



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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10 SEP 15 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 19, 2010

FACTORY USA, LLC
1915 LIBERTY AVE. #6
MIAMI BEACH, FL 33139

SUBJECT: FACTORY USA, LLC
Ref. Number: L07000034486

We have received your document for FACTORY USA, LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

We need an additional check for \$277.50

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 610A00017420