

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 DEC 12 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000107940

1. Limited Liability Company's Name

Martin International Investments, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1391 Sawgrass Corporate Parkway Suite, Apt. #, etc.		3. Mailing Office Address 1391 Sawgrass Corporate Parkway Suite, Apt. #, etc.	
City & State Sunrise, FL Zip 33323 Country US		City & State Sunrise, FL Zip 33323 Country US	

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

November 9, 2009

6. FEI Number

☐ 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 Gary Singer		
Street Address (P.O. Box Number is Not Acceptable) 1391 Sawgrass Corporate Parkway Suite, Apt. #, Etc.		
City Sunrise	State FL	Zip Code 33323

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12/12/14--01035--003 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Inmobiliaria Lavamar Cia Ltda.	Ave 12 de Octubre N24-80 y Madrid	Quito, Ecuador
REINSTATEMENT			
			DEC 12 2014
			R. HUNT

11. E-mail Address. service@garysingerlaw.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date December 10/14

Daytime Phone # 954 851 1448

Typed or printed name of signing Authorized Representative/Manager JUAN BERNARDO DAVALOS