PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

14 May 16 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000119131

1. Limited Liability Company's Name

KRANDON INTERNATIONAL MANAGEMENT GROUP, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
15600 NW 15th Avenue		15600 NW 15th Avenue	
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc. Suite C	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33169	Country US	Zip 33169	Country US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/16/2010

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: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

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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: Katie Worsch, Asst. Sec. Date: 5.16.14

REGISTERED AGENT MUST SIGN

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
MGR	Alfredo Salas	15600 NW 15th Avenue, Suite C	Miami, FL 33169

REINSTATEMENT

11. E-mail Address: asalas@teamkri.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: [signature] Date: 5/16/14 Daytime Phone #: (305) 430-1200

Typed or printed name of signing Authorized Representative/Manager: Alfredo Salas, Manager

MAY 16 2014

M. WILLIAMS