

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000122140

1. Limited Liability Company's Name

OPTIMUS US 1655 W. 44TH PL., L.L.C.

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

311 86th Street

Suite, Apt. #, etc.

4

City & State

Miami Beach, FL

Zip

33141

Country

USA

3. Mailing Office Address

311 86th Street

Suite, Apt. #, etc.

4

City & State

Miami Beach, FL

Zip

33141

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/24/2010

6. FEI Number

35-2439651

☐ 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

Incorp Services, Inc.

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

17888 67th Court North

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

500271361395
04/02/15--01019--021 **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

Diana Collins

Diana Collins on behalf of Incorp Services, Inc.

Date 03/27/2015

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
AR	Krisia Del Prado	311 86th Street # 4	Miami Beach, FL 33141

REINSTATEMENT

APR 2 2015

R. HUNT

11. E-mail Address: Managedreports@incorp.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

Krisia Del Prado

Date 03/05/2015

Daytime Phone # 786-422-6727

Typed or printed name of signing Authorized Representative/Manager Krisia Del Prado