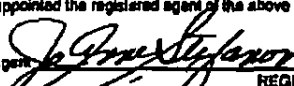
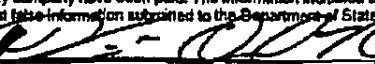


H150000075273

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L10000122110					
1. Limited Liability Company's Name OPTIMUS US 3600 MYSTIC POINT DR., L.L.C.					
2. Principal Office Address - No P.O. Box # 311 86th Street #4		3. Mailing Office Address 311 86th Street #4		4. State/Country of Formation Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 11/24/2010	
City & State Miami Beach, FL		City & State Miami Beach, FL		6. FEI Number ☐ Applied For ☒ Not Applicable	
Zip 33141	Country US	Zip 33141	Country US	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		
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 				Name Joanna Stefanov for Incorp Services, Inc. Date 12/29/2014	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGRM	OPTIMUS US PROPERTIES HOLDINGS, L.L.C.	311 86th Street #4		Miami Beach, FL 33141	
MGRM	DMS MGMT.	DMS HOUSE, PO BOX 31910		GRAND CAYMAN, CAYMAN ISLS, OC KY1-1-308 OC	
REINSTATEMENT					
2015					
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 605, 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 12/29/2014 Daytime Phone # 786-422-8727	
Typed or printed name of signing Authorized Representative/Manager Krisia Del Prado Authorized Representative					

H150000075273

mw
1-9-15

H150000075773

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000007577 3)))



H150000075773ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

*Please forward to
Becky McKnight
for review*

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

managedreports@incorp.com

**LIMITED LIABILITY REINSTATEMENT
OPTIMUS US 10350 W. BAY HARBOR DR., L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$238.75

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)