PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2016 JUL 27 AM 8:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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07/27/16--01003--008 **818.75

KS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000113121

1. Limited Liability Company's Name

DC EXPORT, LLC

REINSTATEMENT 8012-16

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15648 SW 112th Dr	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State:
Zip: 33196 / Country:	Zip: / Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/04/2011

6. FEI Number: 81-2757402 ☐ 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: MARIA CRISTINA CARTAYA

Street Address (P.O. Box Number is Not Acceptable) Suite,: 15648 SW 112th Dr

Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33196

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: Maria Cristina Cartaya Date:

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
AMBR	MARIA CRISTINA CARTAYA	15648 SW 112th DRIVE	MIAMI, FL 33196

11. E-mail Address: _____

(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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Maria Cristina Cartaya Date: Daytime Phone #:

Typed or printed name of signing authorized representative/member: MARIA CRISTINA CARTAYA

Quik Courier Express

Requester's Name

400 Capital Circle SE # 18267

Address

Tallahassee FL 32301

City/State/Zip Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

5. _____
(Corporation Name) (Document #)

6. _____
(Corporation Name) (Document #)

7. _____
(Corporation Name) (Document #)

FILED
2015 JUL 27 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐Walk in ☐Pick up time _____ ☐Certified copy

☐Mail out ☐Will wait ☐Photocopy ☐Certificate of Status

CR2E031 (4/13)