PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

2020 NOV 25 PM 12:07

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100355670551
11/25/20--01011--001 **238.75

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DOCUMENT # L14000079919

1. Limited Liability Company's Name
WHITE GOLD FARMS INTERNATIONAL LLC

CR2EC41 (1/14)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 10431 STONEBRIDGE BLVD | 10431 STONEBRIDGE BLVD |
| Suite Apt #, etc | Suite Apt #, etc |
| City & State: BOCA RATON | City & State: BOCA RATON |
| Zip: 33498 / Country: US | Zip: 33498 / Country: US |

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 05/16/2014

6. FEI Number: 38-3931796 — 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: CSG - CAPITAL SERVICES GROUP INC

Street Address (P.O. Box Number is Not Acceptable) Suite: 1191 E NEWPORT CENTER DR. #103

Apt #, Etc

City: DEERFIELD BEACH — State: FL — Zip Code: 33442

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: x _____ Date: 11/18/2020

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 | MARIELE C. DE MORAIS | 10431 STONEBRIDGE BLVD | BOCARATON, FL 33498 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

NOV 25 2020
R. HUNT

11. E-mail Address: mariele_morais@hotmail.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 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: Mariele Morais Date _____ Daytime Phone # 11/18/2020

Typed or printed name of signing authorized representative/member: MARIELE C. DE MORAIS