

Florida Department of State
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**LIMITED LIABILITY REINSTATEMENT
CERMAQ US, LLC**

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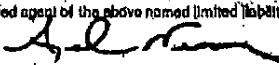
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L14000111293 1. Limited Liability Company's Name GERMAQ US, LLC					
2. Principal Office Address - No P.O. Box # 5835 BLUE LAGOON DRIVE Suite, Apt., #, etc. 204 City & State MIAMI, FL Zip 33126 Country USA		3. Mailing Office Address 5835 BLUE LAGOON DRIVE Suite, Apt., #, etc. 204 City & State MIAMI, FL Zip 33126 Country USA		CR25041 (1/14)	
				4. State/Country of Formation FLORIDA/UNITED STATES	
				5. Date Organized or Qualified To Do Business in Florida 07/14/2014	
				6. FEI Number 30-0839755 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) Suite 1200 SOUTH PINE ISLAND ROAD, STE 250 Apt., #, Etc. City PLANTATION State FL Zip Code 33324-4459					
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  Angel Nunez Date 10/11/2016 REGISTERED AGENT MUST SIGN Assistant Secretary					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
Mr.	Carlos F. Rojas	5835 Blue Lagoon Drive, Ste 204		Miami, FL 33126	
11. E-mail Address: folipe.rojas@cermaq.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 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		Date 10/11/2016		Daytime Phone # 786-542-5544	
Typed or printed name of signing authorized representative/member		CARLOS F. ROSAS			