2842

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
CERMAQ US, LLC

Certificate of Status	0
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Page Count	02
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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
CERMAQ US, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5836 BLUE LAGOON DRIVE	5835 BLUE LAGOON DRIVE
Suite, Apt. #, etc. 204	Suite, Apt. #, etc. 204
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33126 / Country USA	Zip 33126 / Country USA

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 Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 10/11/2016

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
Mr.	Carlos F. Rojas	5835 Blue Lagoon Drive, Ste 204	Miami, FL 33126

11. E-mail Address: follpo.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 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: Date: 10/11/2016 Daytime Phone #: 786-542-5544

Typed or printed name of signing authorized representative/member: CARLOS F. ROJAS

K. ASHTON