

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000192215

1. Limited Liability Company's Name
POWERCEM USA, LLC

2. Principal Office Address - No P.O. Box #
1200 Anastasia Avenue

Suite, Apt. #, etc.
Suite 500

City & State
Coral Gables

Zip Country
33134 USA

3. Mailing Office Address
1200 Anastasia Avenue

Suite, Apt. #, etc.
Suite 500

City & State
Florida

Zip Country
33134 USA

8. Name and Address of Current Registered Agent

Name
Dominique M. Leroy PA

Street Address (P.O. Box Number is Not Acceptable) Suite,
169 East Flagler Street

Apt. #, Etc.
Suite 1428-29

City State Zip Code
Miami FL 33131

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **12/11/2014**

6. FEI Number ☒ Applied For
47-2598347 ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a certificate of status

800280519388
12/31/15--01012--025 **238.75

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

Date **12/29/2015**

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	Grupo Ninja	1200 Anastasia Avenue, Suite 500	Coral Gables, FL 33134

DEC 31 2015

R. HUNT

REINSTATEMENT

11. E-mail Address **maria@jeb.org**

(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 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

12/29/2015

Daytime Phone #

305-416-2626

Typed or printed name of signing authorized representative/member **Dominique M. Leroy P.A.**