PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

17 OCT 30 PM 4:38

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700305078817
10/30/17--01002--002 **238.75

CR2E041 (1/14)

DOCUMENT # L15000066826

1. Limited Liability Company's Name
GOULART HOLDING, LLC

2 Principal Office Address - No P.O. Box #		3 Mailing Office Address	
1228 WEST AVE		1228 WEST AVE	
Suite, Apt. #, etc		Suite, Apt. #, etc	
STE 1510		STE 1510	
City & State		City & State	
MIAMI BEACH		MIAMI BEACH	
Zip	Country	Zip	Country
33139		33139	

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 04/16/2015

6. FEI Number: ☑ 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
ANTONIO MARCELO GOULART

Street Address (P.O. Box Number is Not Acceptable) Suite,
1228 WEST AVE

Apt. #, Etc
STE 1510

City	State	Zip Code
MIAMI BEACH	FL	33139

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 10/23/2017
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
MGR	ANA C GOULART DE ANDRADE	1228 WEST AVE STE 1510	MIAMI BEACH, FL 33139
MGS	ANTONIO MARCELO GOULART	1228 WEST AVE STE 1510	MIAMI BEACH, FL 33139

REINSTATEMENT 2017

11. E-mail Address: MARCELO.GOULART@CONCEPTID.US
(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 10/23/2017 Daytime Phone # 786 247 2525

Typed or printed name of signing authorized representative/member: ANTONIO MARCELO GOULART