PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2024 APR 17 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L22000215264

1. Limited Liability Company's Name

BANKTUAL INTERNATIONAL FINANCIAL SERVICE LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
701 BRICKELL AVE		701 BRICKELL AVE	
Suite, Apt. #, etc 1550		Suite, Apt. #, etc 1550	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33131	Country USA	Zip 3313	Country USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida 05/06/2022

6. FEI Number ☐ Applied For ☑ Not Applicable

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

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04/17/24--01010--012 **238.75

8. Name and Address of Current Registered Agent

Name
SERGIO DE CARVALHO GEGERS

Street Address (P.O. Box Number is Not Acceptable) Suite
245 NE 14th st

Apt. # Etc
1111

City	State	Zip Code
MIAMI	FL	33132

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 04/08/24

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	SERGIO DE CARVALHO GEGERS	245 NE 14th st apto 1111	MIAMI, FLORIDA 33132

BM 4/17/24

11. E-mail Address sgegers@actualbrasil.com.br
(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 04/08/24 Daytime Phone # (305)587-7487

Typed or printed name of signing authorized representative/member SERGIO DE CARVALHO GEGERS