APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC -2 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L95000000614**

MIAMI INTERNATIONALBUSINESS LIMITED COMPANY
151 MAJORCA AVENUE, # C
CORAL GABLES, FL 33134

If above mailing address is incorrect in any way, fill through incorrect information and enter correction in Block 2a

1a. Principal Place of Business Address
151 MAJORCA AVENUE, #C
CORAL GABLES, FL 33134

2. Principal Place of Business
151 MAJORCA AV.
Suite, Apt. #, etc.
SUITE C
City & State
CORAL GABLES, FL
Zip 33134 Country USA

2a. Mailing Address
151 MAJORCA AV.
Suite, Apt. #, etc.
SUITE C
City & State
CORAL GABLES, FL
Zip 33134 Country USA

3. Date Organized or Qualified
08 -09- 95

3a. State of Formation
FLORIDA

4. FEI Number
65-0633522
☐ Applied For
☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent
Name
GABRIEL PRATS
Street Address (P.O. Box Number is Not Acceptable)
151 MAJORCA AVENUE
Suite, Apt. #, etc.
SUITE C
City
CORAL GABLES FL
Zip Code
33134

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [signature] REGISTERED AGENT MUST SIGN Date 11-14-97

| 10. Title | Managing Members/Managers | Business Street Address | City, State & Zip Code |
|---|---|---|---|
| MGRM | SERGIO S. FERNANDES | 151 MAJORCA A.#C | CORAL GABLES,FL33134 |
| MGRM | VILMA FERNANDES | 151 MAJORCA AV.#C | CORAL GABLES,FL 33134 |
| MGRM | ALEXANDRE FERNANDES | 151 MAJORCA AV.#C | CORAL GABLES FL 33134 |
| MGRM | FABIOLA FERNANDES | 151 MAJORCA AV.#C | CORAL GABLES,FL33134 |

REINSTATEMENT 97 CUS dcr

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*****122.50 *****122.50

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that upon filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, 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.

Signature of Managing Member/Manager [signature] Date 11-27-97 Daytime Phone # (305)444-8333

Typed or printed name of signing Managing Member/Manager