

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 NOV 13 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L96000001244

1. Limited Liability Company's Name

FRESMAR INTERNATIONAL LLC.
2050 Coral Way, Suite 205
Coral Gables, FL 33145

REINSTATEMENT 2000

2. Principal Office Address

2050 CORAL WAY
Suite, Apt. #, etc.
Suite 205

City & State

Coral Gables, FL

Zip

Country

33145

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

11/27/1996

6. FEI Number

65-0710629

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CORPORATE ACCESS

Street Address (P.O. Box Number is Not Acceptable)

236 EAST 6th Avenue

Suite, Apt. #, Etc.

800003473588-8

11/21/00-01119-016

***155.00 ***155.00

City

TALLAHASSEE

State

FL

Zip Code

32303

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**

Ray Bennett

REGISTERED AGENT MUST SIGN

Date

11/13/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CARLOS FRANCO	2050 Coral Way, 205	Miami FL 33145

*YB
11-13-00*

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 when 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**

Carlos Franco

Date NOV. 1 - 2000 **Daytime Phone #** 305-860-8081

Typed or printed name of signing Managing Member/Manager

CARLOS FRANCO