

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L970000000657

**1. Limited Liability Company's Name**

United Seal Association, LLC  
7236 NW 72 Avenue  
Miami, FL 33166-2934

**REINSTATEMENT** 98-200

**2. Principal Office Address**

7236 NW 72 Av  
Suite, Apt. #, etc.

**3. Mailing Office Address**

SAME  
Suite, Apt. #, etc.

**City & State**

Miami, FL

**City & State**

Zip 33166 Country Dade

**4. State/Country of Formation**

Florida

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

6/16/97

**6. FEI Number**

65-0761405

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 George A. Holden

Street Address (P.O. Box Number is Not Acceptable)  
7236 NW 72 Avenue

Suite, Apt. #, Etc.

City Miami

State FL

Zip Code 33166

**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 11/8/00

**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
MGRM	George A. Holden	7236 NW 72 Avenue	Miami, FL 33166
MEM	Edgar L. Periotto	Alameda Barao de Limeira 1524- Apt 1	Sao Paulo, Brazil 0120200
MEM	Maria C. Porto	Alameda Barao de Limeira 1524- Apt 1	Sao Paulo, Brazil 0120200
MEM	Maria Helena Gomez	Cra. 9 #85-78 Apt. 503	Bogota, Colombia

**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

*[Signature]*

Date 8/16/00

Daytime Phone (305) 905-9920

Typed or printed name of signing Managing Member/Manager

George A. Holden