

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

02 JAN -2 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000184

1. Limited Liability Company's Name

LEPANTO INTERNATIONAL LC

2. Principal Office Address

3500 COLLINS AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

3500 COLLINS AVE.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33140

Country

DADE

City & State

MIAMI BEACH, FL

Zip

33140

Country

DADE

4. State/Country of Formation

FL/DADE

5. Date Organized or Qualified
To Do Business in Florida

02/13/98

6. FEI Number

65-0812126

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

RICARDO MARTINEZ- CID

200004761772--3

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

1699 CORAL WAY

Suite, Apt. #, Etc.

SUITE 510

City

MIAMI

State

FL

Zip Code

33145

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

REGISTERED AGENT MUST SIGN

Date

12/28/01

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	INTERVENTO INVESTMENTS LTD	HODGE PLAZA 2ND FLOOR UPPER MAIN STREET, WICKHAMPS	TORTOLA, B. V. I
MGRM	WESTMORE LIMITED	HODGE PLAZA 2ND FLOOR UPPER MAIN STREET, WICKHAMPS	TORTOLA, B. V. I
PRES	MANUEL SABIDO	3500 COLLINS AVE.	MIAMI BEACH, FL 33140
SEC	MANUEL SABIDO	3500 COLLINS AVE.	MIAMI BEACH, FL 33140
TRES	MARIA TERESA REQUERO	3500 COLLINS AVE.	MIAMI BEACH, FL 33140

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

Date 12/28/01

Daytime Phone #

305-604 8485

Typed or printed name of signing Managing Member/Manager PRESIDENT

CR2E041 (9/01)

REINSTATEMENT

01/09/02
01/02/02
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***155.00 *** 55.00
del