

SEAL 9800000434

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 16 PM 1:24

1. Limited Liability Company's Name

AUROBINDO U.S.A., LLC

9/28/01

10520 N.W. 26 Street

SUITE C-201

MIAMI FL.

33172

USA

10520 N.W. 26 STREET

SUITE C-201

Miami FL

33172

USA

FLORIDA

4/3/98

65-0860905

Not Applicable

**\$5.00 Additional Fee required
for a Certificate of Status**

JOSEPH F. CABANAS

10520 N.W. 26TH STREET

SUITE C-201

Miami

FL

33172

Signature of
Registered Agent

registered agent of the above named limited liability company

Joseph F. Cabana

REGISTERED AGENT MUST SIGN

REGISTERED AGENT MUST SIGN

Date 10/10/01

**Name of
Managing Members/Managers**

**Street Address of Each
Managing Member/Manager**

City / State / Zip

DR. JOSEPH F. CABANAS.

10520 N.W. 26th STREET

Miami FL 33172

Rein	\$100.00
UBR	50.00
	<hr/>
	150.00

REINSTATEMENT 2001

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

Paul J. Cabana

Date 10/10/01

Daytime Phone # (305) 513-3639

Typed or printed name of signing Managing Member/Manager

JOSEPH F. CABANAS

CR2E041 (9/00)