PLEASE REAR AS INSTITUTION OF THE STORM.

LIMITED LIABILITY								
COMPANY								
REINSTATEMENT								



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

01 OCT 16 PM 1: 24

DOCUMENT#	L98000000434
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1. Limited Liability Company's Name

AUROBINDO V.S.A., LLC

			912	8 IDI 8.					
2. Princip	al Office Address	3. Mailing Office	Address	٨	İ				
10520 N.W. 26 STREET 10520 N.W. 26 STREET			4. State/Cour	ntry of For	пабоп				
Suite, Apt. #, etc. Suite. Apt. #, etc.			FLORIDA						
	SUITE C-201	Su	ITE C	-201	5, Date Organ To Do Bus	nized or Quiness in Fl		6	
City & State		City & State		_	6. FEI Numb		orlda 4/3 Kg		olied For
	MIAMI TL.	MIA	Mi t	L,		ก็ใน	1905	ļ 	Applicable
Zip 29 m	Country	Zip	Country		7.	D - V - V	- 55	08 Additional	
331	17 10A	33172	-	USA	CERTIFICATI	EOF STATE		or a Certificati	
	8. Name and Address of Current Registered Agent								
	Name JOSEPH	F	ABANI	4-6					
,	Street Address (P.O. Box Number is No	t Acceptable)	- Aril	\bigcap		996	30464 1	9176	
	10520	N.W. 1	26 ^型	STREET			****150_0(**** ∩!∩(₽	1014 50.00
	Suite, Apt. #, Etc.	C-20) [10010		00.00
	City . 4		<u> </u>			State	Zip Code	-	
	MIAMI					FL	3317	2	
9. I, being	appointed the registered agent of the above	e nayned limited liabi	lity company, ar	n familiar with and a	accept the obligat	tions of Ch	apter 608, F.Ş.	1	
Signature o							10/10/	h	3
Registered		GISTERED AGENT I	MUST SIGN			Date _	<u> 10 10 </u>	<u> </u>	
10. Name	es and Street Addresses of Managing Mem								
Tities	Name of	1	Stre	el Address of Each	·	1	***		
7 7445	Managing Members/Manage	rs .		ing Member/Manag			City / Stat	e/Zip	
PW	JOSEPH F. CABANA	5. 10520 N.W. 26th			STREET	M	iAMi FI	. 3317	12
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					<i>n</i> -	#	100.00	<i></i>	
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	TAT2MITS -	MFNT	Al))/					
	BIMEILATURE		-1 <u>/ / /</u>						
all fees	withat I am managing member/manager or his reinstalement application the reason for or his owed by the limited liability company have hade under oath.	Hissolution has been e	eisminated, the in	mited Kability compr	inv name satisfie	s the requi	rements of certion f	272 ANA ROS	and that
Signature of Managing Member/Manager Date 10/10/01 Daytime Phone # (305) 513 - 3639									
Typed or pri	nted name of signing Managing Member/N	Isnager	OSEPH	F. CABA	WAS		-		