

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L98000001291

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED

99 DEC 28 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001291

1. Limited Liability Company's Name

SECTOUR LIMITED, L.L.C.
19495 BISCAYNE BOULEVARD, SUITE 705
AVENTURA, FL 33180

2. Principal Office Address

19495 BISCAYNE BLVD.

Suite, Apt. #, etc.

#705

City & State

AVENTURA FL

Zip
33180

Country USA
DADE

3. Mailing Office Address

19495 BISCAYNE BLVD.

Suite, Apt. #, etc.

#705

City & State

AVENTURA, FL

Zip
33180

Country USA
DADE

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

7/31/98

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name

LEON EGOZI, P.A.

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

19495 BISCAYNE BLVD.

Suite, Apt. #, Etc.

SUITE #705

City

AVENTURA

100003088051-1

-01/05/00--01005--005

***150.00 ***150.00

State
FL

Zip Code

33180

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

11/10/99

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	Rose Ridge Corp.	19495 Biscayne Blvd. Suite 705	Aventura, FL 33180

REINSTATEMENT

99
OK

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

12/22/99

Daytime Phone

(305) 937-2664

Typed or printed name of signing Managing Member/Manager

Norio Azen