

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

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

APPROVED

FILED

DEC 10 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000001687**

1. Limited Liability Company's Name

NOAVIE USA International Distributors, L.C.

2. Principal Office Address

6800 S.W. 40th ST

Suite, Apt. #, etc.

S-454

City & State

Miami

Zip **33155**
FL

Country
USA

3. Mailing Office Address

6800 S.W. 40th ST.

Suite, Apt. #, etc.

S-454

City & State

Miami, FL

Zip **33155**
33155

Country
USA

REINSTATEMENT

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

1998

6. FEI Number

65-0866872

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ **REINSTATE**

8. Name and Address of Current Registered Agent

Name

Luis A. Alvarez

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

434 Rovino Ave

Suite, Apt. #, Etc.

City

Corral Gables, FL

State
FL

Zip Code

33156

300003081913-7

-12/28/99-01054-008

******155.00 ****155.00**

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

12/1/99

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
MGR	Luis Alvarez	434 Rovino Ave,	Corral Gables, FL 33156
MGR	Pablo Caballero	3200 SW 60th CT, S-302	Miami, FL 33155

12-14-99

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 **12/1/99**

Daytime Phone # **305-663-8435**

Typed or printed name of signing Managing Member/Manager

Luis A. Alvarez, MGR