JAN. 23. 2002 2:14PM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L98000003198

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 23 PM 1:42

DOCUMENT # L98000003198

1. Limited Liability Company's Name

ERGONOMIC ADVANCED SEATING INDUSTRIES, L.L.C.

2. Principal Office Address
513 SW. 168 WAY
Suite, Apt. #, etc.
City & State
WESTON, FLORIDA
Zip 33326 Country USA

3. Mailing Office Address
513 S.W. 168 Way
Suite, Apt. #, etc.
City & State
Weston, FL
Zip 33326 Country

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified To Do Business in Florida 12/15/98

6. FEI Number 65-0906713 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
LAWRENCE LEBEDIN
Street Address (P.O. Box Number is Not Acceptable)
513 S.W. 168 WAY
Suite, Apt. #, Etc.
City
WESTON, FLORIDA 33326
State FL Zip Code

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-01/24/02--01030--004
****150.00 ****150.00

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
REGISTERED AGENT MUST SIGN
Date 1/25/02

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	ORALIS COOKIE GUERRA	513 S.W. 168 WAY	WESTON, FLA 33326

2002 mailed 1/23/02
Cookie will file on or before 5/1/02.

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 608.606, 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 11/9/01
Daytime Phone # 954 ~~761-9269~~ 600-6055

Typed or printed name of signing Managing Member/Manager