L99000000475

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L99000000475

1. Limited Liability Company's Name

Opera Prima L.L.C.

REINSTATEMENT 2000 - 2002

1000094848971
12/04/02--01035--001 **255.00

2. Principal Office Address	**3.** Mailing Office Address	
217 East Palmetto Park Road	217 East Palmetto Park Road	**4.** State/Country of Formation Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Date Organized or Qualified To Do Business in Florida 01/27/99
City & State Boca Raton, FL	City & State Boca Raton, FL	**6.** FEI Number 65-0900521 / Applied For / Not Applicable

Zip 33432	Country USA	Zip 33432	Country USA	**7.** CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name   Homer P. Appleby

Street Address (P.O. Box Number is Not Acceptable)
3245 Saint James Drive

Suite, Apt. #, Etc.

City Boca Raton	State FL	Zip Code 33434

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 _~Homer P. Appleby~_
REGISTERED AGENT MUST SIGN

Date   11/29/02

CR2E041 (9/01)

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	Andrea Bettio	217 East Palmetto Park Road	Boca Raton, FL 33432
REINSTATEMENT	2000-2002		

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 _____   Date 11/29/02   Daytime Phone #   561-361-6465

Typed or printed name of signing Managing Member/Manager   Andrea Bettio