PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR 20 PM 1:20

DOCUMENT # L99000004584

1. Limited Liability Company's Name

ITALIAN DESIGN-FUR L.C.

9/29/00

2. Principal Office Address		**3.** Mailing Office Address	
780 N.W. 42 AVE.		780 N.W. 42 AVE.	
Suite, Apt. #, etc. SUITE 416		Suite, Apt. #, etc. SUITE 416	
City & State MIAMI, FL		City & State MIAMI, FL.	
Zip 33126	Country	Zip 33126	Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 07/27/1999

6. FEI Number: 65-0935122 — 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: ALBERTO FOTI, HORACIO

Street Address (P.O. Box Number is Not Acceptable): 780 NW 42nd AVENUE

Suite, Apt. #, Etc.: SUITE 416

City: MIAMI — State: FL — Zip Code: 33126

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-04/24/01--01009--009
*****50.00 *****50.00

200004045502--2
-04/24/01--01009--010
****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 _____ Date 3-22-01

REGISTERED AGENT MUST SIGN

CR2E041 (9/99)

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	FOTI, HORACIO ALBERTO	780 NW 42nd AVE.STE 416	MIAMI, FL. 33126
MGR	OSVALDO KOVALIVKER,NESTOR	780 NW 42nd AVE.STE 416	MIAMI, FL. 33126
MGR	LUPKA, GUSTAVO MARIO	780 NW 42 AVE. STE 416	MIAMI, FL. 33126

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 3-22-01 Daytime Phone # (305) 792-4287

Typed or printed name of signing Managing Member/Manager HORACIO ALBERTO FOTI