

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 MAR 16 PM 12:24

DOCUMENT # L99000005624

1. Limited Liability Company's Name

OCCICOM INTERNATIONAL, LLC

9/29/00

2. Principal Office Address

10500 NW 50TH ST

Suite, Apt. #, etc.

SUITE #104

City & State

SUNRISE FL

Zip

33351

Country

USA

3. Mailing Office Address

10500-NW 50TH ST

Suite, Apt. #, etc.

SUITE #104

City & State

SUNRISE FL

Zip

33351

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

9/8/99

6. FEI Number

650964577

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

TULIO RODRIGUEZ

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

10500 NW 50TH STREET

Suite, Apt. #, Etc.

#102

City

SUNRISE

000003892920

-03/22/01--01071--002

\*\*\*\*205.00 \*\*\*\*205.00

State

FL

Zip Code

33351

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 10/23/2000

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MGR    | TULIO RODRIGUEZ                      | 10500 NW 50TH ST #102                             | SUNRISE FL 33351   |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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

10/23/2000

Daytime Phone #

954-747-6010

Typed or printed name of signing Managing Member/Manager

Tulio Rodriguez