

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

00 OCT 30 PM 11:02

DOCUMENT # **L 9900000 6691**

1. Limited Liability Company's Name

YATEL MANUFACTURING, L.C.

REINSTATEMENT *2000*

2. Principal Office Address

16300 NE 19 AV

Suite, Apt. #, etc.

100

City & State

NORTH MIAMI BEACH FLORIDA

Zip

33162

Country

USA

3. Mailing Office Address

16300 NE 19 AV

Suite, Apt. #, etc.

100

City & State

NORTH MIAMI BEACH FLORIDA

Zip

33162

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/14/99

6. FEI Number

65-0955351

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$300 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

FERNANDO SILVA

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

16300 NE 19 AV #100

Suite, Apt. #, Etc.

100

City

NORTH MIAMI BEACH

State

FL

Zip Code

33162

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 **10/27/00**

REGISTERED AGENT MUST SIGN

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	BLUMENTAL, LUIS	14235 MEMORIAL HWY MIAMI FL 33161	MIAMI FL 33161
MGRM	CARLOS ROUL BERENFUS	14235 MEMORIAL HWY	MIAMI FL 33161

11. I certify that I am managing member/manager of 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 **10/27/00**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

LUIS BLUMENTAL

CR2E041 (9/00)