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 AUG 20 AM 8:45

DOCUMENT # L90000006918

1. Limited Liability Company's Name

INGENIOS USA,LLC
9725 N.W. 25th STREET
#203
MIAMI, FL 33178

9/29/00 ✓ 5/11

2. Principal Office Address	3. Mailing Office Address
9725 N.W. 52nd STREET	9725 N.W. 52nd STREET
Suite, Apt. #, etc.: SUITE 203	Suite, Apt. #, etc.: SUITE 203
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33178 Country: DADE	Zip: 33178 Country: DADE

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 10/21/99

6. FEI Number: 65-0956087 ☐ 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: RANDALL L. SIDLOSCA

Street Address (P.O. Box Number is Not Acceptable): 1101 BRICKELL AVENUE

Suite, Apt. #, Etc.: STE 1100

City: MIAMI State: FL Zip Code: 33131

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****200.00 ****200.00

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: XX [signature] REGISTERED AGENT MUST SIGN

Date: 08/20/01

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
P.	JULIO MARQUEZ	9725 NW 52ST #203 MIAMI FL	MIAMI FL 33178
VP.	Nora Bragg	Caracas Venezuela	
		Rein	$100.00
		2000	50.00
		2001	50.00
	REINSTATEMENT 2000-2001		200.00 np

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: [signature] Date: 08/20/01 Daytime Phone #: 305-468-8400

Typed or printed name of signing Managing Member/Manager: _____