

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

01 JUL 25 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008897.

1. Limited Liability Company's Name

Tricom Overseas Technologies, LLC.

REINSTATEMENT

2000-2001

2. Principal Office Address

8325 NW 53 St. Ste 102

Suite, Apt. #, etc.

Ste 102

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Office Address

8325 NW 53 St

Suite, Apt. #, etc.

Ste. 102

City & State

Miami, FL

Zip

33166

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

12/16/99

6. FEI Number

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

Rafael Dangond

400004500014-4

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

8325 NW 53 St. Ste 102

-07/26/01--01060--013

***200.00 ***200.00

Suite, Apt. #, Etc.

Ste 102

City

Miami

State

FL

Zip Code

33166

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/24/01

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

MEMBER Rafael Dangond 8325 NW 53 St. Ste 102 Miami, FL 33166

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

[Signature]

Date

7/24/01

Daytime Phone #

(305) 3797976

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/99)