

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 20 PM 11:02

DOCUMENT # L99000009012

1. Limited Liability Company's Name

EMERGING MARKETS
ASSET MANAGEMENT, LLC

2. Principal Office Address

1221 BRICKELL AV.

Suite Apt. #, etc.

933

City & State

MIAMI, FL

Zip

33031

Country

USA

3. Mailing Office Address

1221 BRICKELL AV.

Suite Apt. #, etc.

933

City & State

MIAMI, FL

Zip

33131

Country

FL

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-0985003

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$9.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

EMERGING MARKETS ASSET MANAGEMENT, LLC / MICHAEL HOLLIFAN

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

1221 BRICKELL AV.

Suite, Apt. #, Etc.

SUITE - 933

City

MIAMI

State

FL

Zip Code

33131

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

MICHAEL HOLLIFAN

REGISTERED AGENT MUST SIGN

Date

Oct 18 2000

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
MR	MICHAEL HOLLIFAN	1221 BRICKELL AV.	SUITE 933 MIAMI, FL. 33131

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

MICHAEL HOLLIFAN

Date

Oct 18

Daytime Phone #

305 3475116

Typed or printed name of signing Managing Member/Manager

MICHAEL HOLLIFAN