

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Division of Corporations
M00000001131

FILED

02 NOV 18 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M00000001131

Name and Mailing Address

0006840 01 FP 0.352 **PRSR T1 0 0615 08830-271599



LIBRA USA LLC
99 WOOD AVE S
ISELIN NJ 08830-2715



2. New Mailing Address City, State, Zip		4. State/Country of Formation DE	
3. New Principal Place of Business Address Principal Place of Business 99 WOOD AVE S ISELIN NJ 08830 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/09/2000	
6. FEI Number 52-2202667		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number, is Not Acceptable) 40000905444 11/18/02--01098--002 **300.00 City FL Zip Code	
10. 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: <i>Ann J. Williams</i> ANN J. WILLIAMS Assistant Vice President Date: 11.13.02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	COMPANHIA LIBRA DE NAVEGACAO	99 WOOD AVENUE SOUTH	ISELIN NJ 08830
12. 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.			

REINSTATEMENT

12. 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: *Gonzalo Trappazaval*
Date: 11/1/02
Daytime Phone #: 732-635-2600
Typed or printed name of signing Managing Member/Manager: GONZALO TRAPPAZAVALL