

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



DIVISION OF CORPORATIONS

FILED

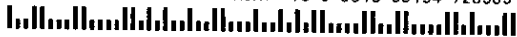
02 DEC -2 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000002901

Name and Mailing Address

0002370 01 FP 0.352 **PRSR T8 0 0615 33154-726363



CERELIA USA LLC
PO BOX 547263
MIAMI FL 33154-7263

300009008263
12/02/02--01049--009 **100.00



2. New Mailing Address

City, State, Zip

Principal Place of Business
PO BOX 547263
MIAMI FL 33154

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

12/27/2001

6. FEI Number

65-1093022

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

NIGRELLI, ALESSANDRO
1001 BRICKELL BAY DR., 1508
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

NIGRELLI ALESSANDRO

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

2699 COLLINS AV. SUITE 135

City

MIAMI Bch.

FL

Zip Code

33139

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

REGISTERED AGENT MUST SIGN

Date

11/12/02

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
MGR	NIGRELLI, ALESSANDRO	PO BOX 547263	MIAMI FL 33154
MGR	XXXXXXXXXX	XXXXXXXXXX	MIAMI FL 33154

REINSTATEMENT

2002

002318500186
11/14/02--01095--000 **50.00

300009008263
11/14/02--01095--003 **50.00

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

Date

11/12/02

Daytime Phone #

305.970.0907

Typed or printed name of signing Managing Member/Manager

ALESSANDRO NIGRELLI

CR2E084 (8/02)