M03000003096

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000254297 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

12/29/04

RECEIVED
04 DEC 28 PM 4:14
DIVISION OF CORPORATION

FILED
2004 DEC 28 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

DISPLAY INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$150.00

Electronic Filing Menu Corporate Filing Public Access Help

FILED
2004 DEC 28 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000003096

1. Limited Liability Company's Name
Display International, LLC

REINSTATEMENT 2004

2. Principal Office Address	3. Mailing Office Address	4. State/Country of Formation
3000 NW 125 Street	3000 NW 125 Street	Delaware
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Florida: 9/19/2003
City & State: Miami, Florida	City & State: Miami, Florida	6. FEI Number: 20-0230434 (Applied For / Not Applicable)
Zip: 33169 County: USA	Zip: 33169 County: USA	7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

JAMES A. BORDONARO
ASSISTANT SECRETARY

9. I, being appointed the registered agent of the above-named limited liability company, accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: _____ Date: 12.28.04
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Alberto Lenzi	3000 NW 125 Street	Miami, FL 33169
		2004	

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 608.508, F.S., and that all fees owed by the limited liability company have been paid. The information enclosed 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: 12-14-04 Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: Alberto Lenzi, Manager

CR2E084 (1/03)