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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

INTERNATIONAL BRIQUETTES MARKETING SERVICES (IBMS) L

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 07 APR -3 AM 9:30	
DOCUMENT # M04000002743 1. Limited Liability Company's Name International Briquettes Marketing Services (IBMS) L.L.C.					
2. Principal Office Address - No P.O. Box # 14505 Commerce Way		3. Mailing Office Address 14505 Commerce Way		State/Country of Formation Delaware	
Suite, Apt. #, etc. 700		Suite, Apt. #, etc. 700		5. Date Organized or Qualified To Do Business in Florida 07/13/2004	
City & State Miami Lakes, FL		City & State Miami Lakes, FL		6. FEI Number 58-2541695	
Zip 33016	Country USA	Zip 33016	Country USA	Applied For ☐ Not Applicable	
8. Name and Address of Current Registered Agent Peninsula Registered Agents, Inc. 200 South Biscayne Boulevard 4100 Miami				7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status ☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
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 <i>[Signature]</i> Asst. Secretary Date 04/03/07 REGISTERED AGENT MUST SIGN					
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	
MGR	Fermin, Ingrid	14505 Commerce Way, Suite 700		Miami Lakes, FL 33016	
REINSTATEMENT					
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 602.406, 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 <i>[Signature]</i> Date 4/2/07 Daytime Phone # 305-362-7112 Typed or printed name of signing Managing Member/Manager Ingrid Fermin, Manager					

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