

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 16 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M06000002548

1. Limited Liability Company's Name

Variant House LLC

600172217266
03/15/10--01052--017 **277.50
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

281 SW 87 Path

Suite, Apt. #, etc.

3. Mailing Office Address

281 SW 87 Path

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33174

Country

USA

City & State

Miami FL

Zip

33174

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

5-8-2006

6. FFI Number

20-5029739

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

Name

Fernando Martinez

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

14631 Balgowan Rd

Suite, Apt. #, Etc

Unit 203

City

Miami Lakes

State

FL

Zip Code

33016

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

2-23-2010

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
MGRM	Mario Sieberth	Bostocker Strasse 19 34225 Baunatal, Germany	

REINSTATEMENT 09-10

11. E-mail Address: info@varianthouse.com

(To be used for future annual report notifications)

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

[Signature]

Date

03/09/2010

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

MARIO SIEBERTH CEO