

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 29 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *MM4000000007*

1. Limited Liability Company's Name

Duamex L.L.C., L.C.

REINSTATEMENT 2000

2. Principal Office Address

3301 N.W. 97th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33172

Country

3. Mailing Office Address

3301 N.W. 97th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33172

Country

4. State/Country of Formation

Connecticut USA

5. Date Organized or Qualified
To Do Business in Florida

January 94

6. FEI Number

06-1385354

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Wirth, Thomas C.

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

3301 N.W. 97th Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

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

Thomas C Wirth

REGISTERED AGENT MUST SIGN

Date *12/21/00*

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
MBA	<i>Wirth, Thomas C</i>	<i>3301 N.W. 97th Ave</i>	<i>Miami, FL 33172</i>
MNG MBA	<i>van der Borg, Henri</i>	<i>615 W. Johnson Ave</i>	<i>Cheshire, CT 06410</i>

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 608.406, 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

Thomas C Wirth

Date *12/21/00*

Daytime Phone# *305-593-1080*

Typed or printed name of signing Managing Member/Manager

Thomas C. Wirth