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LIMITED LIABILITY REINSTATEMENT

UNILEADER, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$155.00

Ref 1545806-0002
Attn M. WAGONER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

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

Fax Audit No. H01000109617

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DOCUMENT # M99000001507

1. Limited Liability Company's Name
Unileader, LLC

2. Principal Office Address
2401 Douglas Road
Suite, Apt. #, etc.
City & State
Miami, Florida
Zip 33145 Country

3. Mailing Office Address
2401 Douglas Road
Suite, Apt. #, etc.
City & State
Miami, Florida
Zip 33145 Country

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business In Florida
9/24/1999

6. FEI Number
65-0952781
Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent
Name
Victor M. Alvarez
Street Address (P.O. Box Number is Not Acceptable)
c/o White & Case LLP
Suite, Apt. #, Etc.
200 S. Biscayne Boulevard, Suite 4900
City
Miami,
State FL
Zip Code 33131

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
REGISTERED AGENT MUST SIGN
Date 10/23/01

CR2E54: (9/01)

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	Roche, Rosendo	2401 Douglas Road	Miami, FL 33145
MGR	Peccenini, Luigi	3191 Coral Way, #624	Miami, FL 33145
MGR	Soman, Roger	3191 Coral Way, #624	Miami, FL 33145

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 608.1406, F.S., and that all fees owed by the limited liability company have been paid. This 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 Roger D Soman Date 10-17-01 Daytime Phone # 305 447 9731

Typed or printed name of signing Managing Member/Manager Roger D. Soman, Manager