M99000001507

10/22/2003 [illegible] FAX 305 358 7441 WHITE & CASE LLP 002

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ARTICLES AND FILED 03 OCT 22 AM 9:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA

1002

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # M99000001507

Name and Mailing Address

0006455 01 AT 0.292 **AUTO T5 0 0615 33145-304601

UNILEADER, LLC
2401 DOUGLAS ROAD
MIAMI FL 33145-3045

REINSTATEMENT 2003

2. New Mailing Address: White & Case LLP, 200 S. Biscayne Blvd., Suite 4900
City, State, Zip: Miami, FL 33131

4. State/Country of Formation: DE

5. Date Organized or Qualified to Do Business in Florida: 09/24/1999

Principal Place of Business: 2401 DOUGLAS ROAD, MIAMI FL 33145

3. New Principal Place of Business Address
City, State, Zip

6. FEI Number: 65-0952781 ☐ 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

ALVAREZ, VICTOR M
C/O WHITE & CASE LLP
200 SOUTH BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is not acceptable)
City FL Zip Code

10. 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] Date 10/21/2003
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LUIGI, PECCENINI	2401 DOUGLAS ROAD	MIAMI FL 33145
MGR	ROGER, SOMAN	2401 DOUGALAS ROAD	MIAMI FL 33145

10-23-03

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 608.408, 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/Manage [signature] Date 10/21/03 Daytime Phone # 305 774 1213

Typed or printed name of signing Managing Member/Manager ROGER SOMAN

Fax Audit No. H03000302077

CR2E004 (7/03)

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : WHITE & CASE
Account Number : 075410002143
Phone : (305)371-2700
Fax Number : (305)358-5744

M99-1507

LIMITED LIABILITY REINSTATEMENT

UNILEADER, LLC

Certificate of Status	0
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