PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAY 24 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96 00008 2247

1. Corporation Name

LMLN Import Export Corp

Principal Place of Business	Mailing Address
2871 Somerset Dr. Suite 315 Fort Laud, FL 33311	2871 Somerset Dr. Suite 315 Fort Laud, FL 33311

400002894784--0
-06/04/99--01025--007
****443.00 ****443.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2871 Somerset Dr	2871 Somerset Dr.
Suite, Apt. #, etc Suite 315	Suite, Apt. #, etc Suite 315
City & State Fort Laud. FL	City & State Fort Laud - FL
Zip 33311 Country USA	Zip 33311 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/04/1996

5. FEI Number: 65-0712862 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pr.	Liliane M. Nogueira	2871 Somerset Dr #315 Fort Laud, FL 33311	Fort Laud, FL 33311
Vice-Pres	Lilia M. Nogueira	2871 Somerset Dr Suite 315	Fort Laud, FL 33311
Treas	Lilia M. Nogueira	2871 Somerset Dr. #315	Fort Laud, FL 33311
Secret.	Liliane M. Nogueira	2871 Somerset Dr. #315	Fort Laud, FL 33311

400002894784--0
-06/04/99--01025--008
****457.00 ****457.00

8. Name and Address of Current Registered Agent

Claudio Rodrigues
2450 W. 56th St #20
Hialeah, FL 33016 US

9. Name and Address of New Registered Agent

Name: JULIANA FRANCA
Street Address (P.O. Box Number is Not Acceptable): 3961 N. Federal Hwy
Suite, Apt. #, Etc:
City: Pompano Beach
State: FL Zip Code: 33064

CR2E081 (12/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Juliana Franca
REGISTERED AGENT MUST SIGN
Date: 3/25/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Lilia Nogueira 3/25/99 (954) 733-9648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #