

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 10 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300008379373
10/15/02--01059--028 **150.00

DOCUMENT # L-00000001755

1. Limited Liability Company's Name

NET TOTAL, LLC

2. Principal Office Address

11200 SW 107 ct

Suite, Apt. #, etc.

3. Mailing Office Address

11200 SW 107 ct

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

Miami-Dade

Zip

33176

Country

Miami-Dade

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida Feb 16, 2000

6. FEI Number

65-0982858

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

Eduardo Gonzalez

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

11200 SW 107 ct

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33176

REINSTATEMENT 2002

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 10-8-2002

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	Eduardo Gonzalez	11200 SW 107 court	Miami, FL 33176

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

[Handwritten Signature]

Date 10-8-02 Daytime Phone # 305-251-4032

Typed or printed name of signing Managing Member/Manager

Eduardo Gonzalez

CR2EM1 (9/01)