

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE
 COMPANY SECRETARY OF STATE CORPORATION

L00000004734

FILED

01 OCT 29 PM 5:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L00000004734**

1. Limited Liability Company's Name

AMERICA ASIA BUSINESS INTERNATIONAL, LLC

700004660237--4
 -10/31/01--01011--008
 *****150.00 *****150.00

2. Principal Office Address

1751 SW 116 WAY

Suite, Apt. #, etc.

City & State
MIRAMAR FL

Zip
33025

Country
USA

3. Mailing Office Address

18090 COLLINS AVE

Suite, Apt. #, etc.

City & State
MIAMI BEACH

Zip
33160

Country
USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

APRIL 25, 2000

6. FEI Number

05-1013717

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

GISELA GLEIZER

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

1751 SW 116 WAY

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

700004660237--4

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*****5.00 *****5.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/23/01**

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	DANIEL GLEIZER	1751 SW 116 WAY	MIRAMAR FL 33025
MGR	GISELA GLEIZER	1751 SW 116 WAY	MIRAMAR FL 33025

REINSTATEMENT 2001

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

[Signature]

Date **10/23/01** Daytime Phone# **954 701 5858**

Typed or printed name of signing Managing Member/Manager **DANIEL GLEIZER**

CR2E041 (9/01)