

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 30 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L00000007526

1. Limited Liability Company's Name
KATALYX CATALOGUING, LLC

000009782580
01/02/03--01068--005 **150.00

2. Principal Office Address 1221 BRICKELL AVE		3. Mailing Office Address 1221 BRICKELL AVE		4. State/Country of Formation FL	
Suite, Apt. #, etc. 6th FLOOR		Suite, Apt. #, etc. 21ST FLOOR c/o Patricia Menendez		5. Date Organized or Qualified To Do Business in Florida 06/26/2000	
City & State MIAMI, FL		City & State MIAMI, FL		6. FEI Number 52-2260666	
Zip 33131-3258	Country MIAMI-DADE	Zip 33131-3258	Country MIAMI-DADE	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **CORPORATION SERVICE COMPANY**

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City **TALLAHASSEE** State **FL** Zip Code **32301**

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 **Brian Courtney** Date **10/30/02**
REGISTERED AGENT MUST SIGN

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
P/MGR	SANCHEZ TRASOBARES, ELISEO	1221 BRICKELL AVE, 6TH FLOOR	MIAMI, FL 33131
CEO	CORTINAS, FERNANDO	1221 BRICKELL AVE, 6TH FLOOR	MIAMI, FL 33131
CFO	FEDRIANI, JAVIER	1221 BRICKELL AVE, 6TH FLOOR	MIAMI, FL 33131
S/MGR	PAREJA, CRISTINA	1221 BRICKELL AVE, 6TH FLOOR	MIAMI, FL 33131
T	PRIETO, MARCELO	1221 BRICKELL AVE, 6TH FLOOR	MIAMI, FL 33131

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 Date **12/20/02** Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager **Cristina Pareja**

REINSTATEMENT **dec**

CR2E041 (8/01)