

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
JANUARY 2002  
02 NOV 26 AM 11:15

1. DOCUMENT # L00000007605  
Name and Mailing Address

0003621 01 FP 0.352 \*\*PRSR T1 0 0615 33327-176295  
DOUS INTERNATIONAL IMPORT-EXPORT, L.L.C.  
1495 MIRA VISTA CIRCLE  
WESTON FL 33327-1762



REINSTATEMENT 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL
Principal Place of Business 1495 MIRA VISTA CIRCLE WESTON FL 33327	3. New Principal Place of Business Address City, State, Zip	5. Date Organized or Qualified To Do Business in Florida 06/28/2000
		6. FEI Number 65-102 6729 APPLIED FOR
		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 DOUSDEBES, EDUARDO 1495 MIRA VISTA CIRCLE WESTON FL 33327	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200009230272 11/26/02--01084--015 **150.00 City FL Zip Code
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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 MANAGER Date 11.15.02

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	DOUSDEBES, EDUARDO	1495 MIRA VISTA CIRCLE	WESTONFL 33327
V	DOUSDEBES, EDUARDO C	1495 MIRA VISTA CIRCLE	WESTONFL 33327
T	DOUSDEBES, MAURICIO J	1495 MIRA VISTA CIRCLE	WESTONFL 33327
T	DOUSDEBES, JAVIER C	1495 MIRA VISTA CIRCLE	WESTONFL 33327
T	CORRERA, SUSANA	1495 MIRA VISTA CIRCLE	WESTONFL 33327
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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 608.406, 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 SUSANA CORREA Date 11.15.02 Daytime Phone # 954 3499678

Typed or printed name of signing Managing Member/Manager SUSANA CORREA (T)