

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

FILED

02 AUG 28 AM 10:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L 00000000 8510**

1. Limited Liability Company's Name

INGENIO LLC

300007450769--1
 -08/30/02--01044--006
 *****5.00 *****5.00

2. Principal Office Address

3. Mailing Office Address

3618 SW 16 TERR

3618 SW 16 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FRONT H

FRONT H

City & State

City & State

MIAMI

MIAMI

Zip

Country

Zip

Country

33145 USA

USA

33145

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

JULY - 19TH 2000

6. FEI Number

65-1024666

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

JAI ME D CASTAÑEDA

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

3618 SW 16 TERRACE

Suite, Apt. #, Etc.

F HOUSE

City

MIAMI

State

FL

Zip Code

33145

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

JAI ME D CASTAÑEDA

REGISTERED AGENT MUST SIGN

Date **8-26-2002**

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
OP MANAGER	JAI ME D CASTAÑEDA	3618 SW 16 TERRACE	MIAMI FL 33145

REINSTATEMENT 01-02-03
dec

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

JDC

Date **8-26-2002** Daytime Phone # **305 476 8524**

Typed or printed name of signing Managing Member/Manager **JAI ME D CASTAÑEDA**

CR2E041 (9/01)

Ingenio LLC

3618 SW 16 terrace
Miami, FL 33145
Country USA

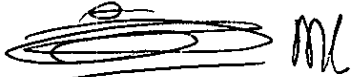
Phone: 305 4768524
Fax: 555-555-5555
Email: davidcas@mac.com

Miami 8/26/2002
Division of Corporations
Registration Section
P.O.Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please receive the Ingenio LLC reinstatement form properly filled and two checks (304-305) to cover the reinstatement fees.

Thank you.



Jaime D Castaneda
Ingenio LLC