

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenn E. Hoyle
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 10 PM 3:28

1. DOCUMENT # L02000003817

Name and Mailing Address

0000343 01 AV 0.278 **AUTO H2 1 0615 33131-494037



TRANSLASS INTERNATIONAL, LLC
1001 BRICKELL BAY DRIVE
SUITE 2112
MIAMI FL 33131-4940



07/18/03-90020-001-50.00

2. New Mailing Address 1111 BRICKELL AV. SUITE 1100		4. State/Country of Formation FL	
City, State, Zip MIAMI - FL. 33131		5. Date Organized or Qualified To Do Business in Florida 02/18/2002	
Principal Place of Business 1001 BRICKELL BAY DRIVE SUITE 2112 MIAMI FL 33131	3. New Principal Place of Business Address 1111 BRICKELL AV, SUITE 1100	6. FEI Number 02-0650922	Applied For <input type="checkbox"/> Not Applicable
City, State, Zip MIAMI - FL - 33131		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 YOUNG, SAM ESQ. 1001 BRICKELL BAY DRIVE SUITE 2112 MIAMI FL 33131	9. Name and Address of New Registered Agent Name CARLOS A. ZAPATERO Street Address (P.O. Box Number is Not Acceptable) 1111 BRICKELL AV, SUITE 1100 City MIAMI FL 33131
---	--

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 **SIGNATURE OF REGISTERED AGENT** Date **11/25/2003**

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
MAN	CARLOS A. ZAPATERO	1111 BRICKELL AV SUITE 1100	MIAMI - FL 33131

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 **SIGNATURE REQUIRED** Date **11/25/2003** Daytime Phone # **(954) 677 0899**

Typed or printed name of signing Managing Member/Manager **CARLOS ADRIAN ZAPATERO**

CR2E084 (7/03)

REINSTATEMENT 03-04