
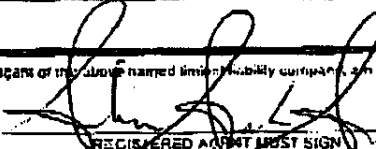
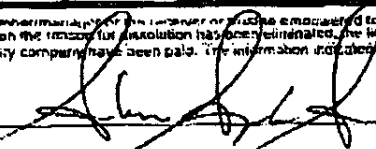


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		04 JUN 18 PM 12: 54 SEC. OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>W02 000008345</u> 1. Limited Liability Company's Name GO 2 PREPAID LLC.					
2. Principal Office Address 1100 NW 163 DR		3. Mailing Office Address 1100 NW 163 DR		4. State/Country of Formation FLORIDA/UNITED STATES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 04/09/2002	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		6. FEI Number 010670323 Applied For / Not Applicable	
Zip 33169	Country United States	Zip 33169	Country United States	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Arturo Ayala		500038094695 06/18/04--01053--093 *\$200.00			
Street Address (P.O. Box Number is Not Applicable) 1100 NW 163 DR		500038094695 06/18/04--01053--004 *\$5.00			
Suite, Apt. #, Etc.		State Zip Code FL 33169			
City Miami					
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  Date 06/10/04 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Ticker	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGRM	MEDINA, MAGDALENA	1915 BRICKELL AVE. STE CHP 5	MIAMI/FLORIDA/33129		
MGRM	SANCHEZ, STELLA	11490 NORTH BAY SHORT	MIAMI/FLORIDA/33181		
MGRM	AYALA, ARTURO	1915 BRICKELL AVE. STE CHP 5	MIAMI/FLORIDA/33129		
REINSTATEMENT 2003-2004					
11. I certify that I am managing member/manager of the company or have been empowered to execute this publication as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the money for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.404, 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 06/10/04 Daytime Phone # 305 614 2030 Typed or printed name of signing Managing Member/Manager: ARTURO AYALA					

CP-1541-0063