

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 28 AM 10: 20

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000010294

1. Limited Liability Company's Name

A to Z Marketing Services LLC

2. Principal Office Address

9985 s.w. 27 terr.

Suite, Apt. #, etc.

City & State

miami, Fl

Zip

33165

Country

usa

3. Mailing Office Address

9985 s.w. 27 terr.

Suite, Apt. #, etc.

City & State

miami, Fl

Zip

33165

Country

usa

CR2E041 (8/05)

4. State/Country of Formation

usa

5. Date Organized or Qualified
To Do Business in Florida

04/30/2002

6. FEL Number

75-3044445

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Ileana Villareal

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

9985 s.w. 27 terr.

Suite, Apt. #, Etc.

City

miami, Fl

State

FL

Zip Code

33165

100082102791
11/28/06--01042--015 **300.40

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

Ileana Villareal

Date 11/20/06

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
mgr	Zuleida Ruiz	9985 s.w. 27 terr.	miami, Fl 33165

REINSTATEMENT 03-06

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

[Handwritten Signature]

Date 11/20/06

Daytime Phone # 305-582-2700

Typed or printed name of signing Managing Member/Manager