


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 DEC 19 AM 10:55

# 200.00 9-16-06

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L03000012205

**1. Limited Liability Company's Name**  
PORTO REAL INTL LLC

<b>2. Principal Office Address</b> <u>16741 HARBOR COURT</u>		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>WESTON, FL</u>		City & State	
Zip <u>33326-1502</u>	Country	Zip	Country

AS

CR2E041 (8/05)

**4. State/Country of Formation**  
FLORIDA (GROWARD)

**5. Date Organized or Qualified To Do Business in Florida**  
4/3/2003

**6. FEI Number**  
14-1879780

**7. CERTIFICATE OF STATUS DESIRED**  **\$5.00 Additional Fee required for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

Name  
NATBRYF, CARLOS

Street Address (P.O. Box Number is Not Acceptable)  
16741 HARBOR COURT

Suite, Apt. #, Etc.

City  
WESTON

State  
FL

Zip Code  
33326-1502

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12/19/06--01033--001 \*\*\*0.00

**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 [Signature] Date 11/24/06

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
MEM	NATBRYF, CARLOS	16741 HARBOR COURT	Weston, FL 33326-1502

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11/30/06--01044--010 \*\*\*150.00

REINSTATEMENT 05-06

**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 [Signature] Date 11/24/06 Daytime Phone # (954) 3891893

Typed or printed name of signing Managing Member/Manager