


L03000032384

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000032384

1. Limited Liability Company's Name
SMP INTERNATIONAL, L.L.C.

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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BPK

2. Principal Office Address 304 NW 84TH TERRACE		3. Mailing Office Address 304 NW 84TH TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33150	Country USA	Zip 33150	Country USA

4. State/Country of Formation
FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida
08/28/2003

6. FEI Number 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
SERGIO PEREZ

Street Address (P.O. Box Number is Not Acceptable)
304 NW 84TH TERRACE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33150

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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 Sergio Perez Date **02-15-2006**

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
MGRM	SERGIO PEREZ	304 NW 84TH TERRACE	MIAMI, FL 33150
REINSTATEMENT 2004-2006			

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 Sergio Perez Date **02-15-2006** Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager **SERGIO PEREZ**

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEAR OF 2004 & 2005 FROM YOUR OFFICE TO PAY THE ANNUAL FEES, I AM ALSO INCLUDING THE 2006 PAYMENT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


SERGIO PEREZ
MGRM

