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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		07 FEB -5 AM 11:00 SECRETARY OF STATE TALLAHASSEE FLORIDA CR2E041 (1/07)	
DOCUMENT # L04000020536 1. Limited Liability Company's Name <b>WAM LATINOAMERICA LLC</b>					
2. Principal Office Address - No P.O. Box # <b>1260 NW 29TH STREET</b>		3. Mailing Office Address <b>1260 NW 29TH STREET</b>		4. State/Country of Formation	
Bldg. Apt. #, etc. 		Bldg. Apt. #, etc. 		5. Date Organized or Qualified To Do Business in Florida	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		6. FEI Number <b>20-0897811</b>	
Zip <b>33142</b> Country		Zip <b>33142</b> Country		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
8. Name and Address of Current Registered Agent Name <b>MASSIMO MAGNANI</b> Street Address (P.O. Box Number is Not Acceptable) <b>1260 NW 29TH STREET</b> Bldg. Apt. #, Etc. City <b>MIAMI</b> State <b>FL</b> Zip <b>33142</b>					
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 <b>02/02/2007</b> REGISTERED AGENT MUST SIGN					
10. Name and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM	ONGINI, DAVID	925 88TH ST.		SURFSIDE FL 33154	
MGRM	MAGNANI, MASSIMO	1260 NW 29TH STREET		MIAMI FL 33142	
<b>REINSTATEMENT 2005-2007</b> 					
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 608.408, 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 <b>02/02/2007</b> Daytime Phone # <b>305-635-1744</b> Typed or printed name of signing Managing Member/Manager <b>MASSIMO MAGNANI</b>					

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R1A CORPORATE SERVICES

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**DATE:** Friday, February 02, 2007

**TO:** DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**FROM:** DAVID ONGINI  
WAM LATINOAMERICA LLC

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL SINCE 2005, 2006 and 2007.

PLEASE FILE OUR ANNUAL REPORT AND DO NOT CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 305-635-1744 x 106

THANKS,




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DAVID ONGINI  
WAM LATINOAMERICA LLC

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Florida Department of State  
Division of Corporations  
Public Access System

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Fax Number : (850)205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : 120010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

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LIMITED LIABILITY REINSTATEMENT

WAM LATINOAMERICA LLC

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