

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 FEB 21 AM 9: 52

DOCUMENT # L05000072046 1. Entity Name EVOLUTION MANAGEMENT & CONSULTING LATIN AMERICA, LLC.	
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Principal Place of Business 233 VELARDE AVENUE CORAL GABLES, FL 33134	Mailing Address 233 VELARDE AVENUE CORAL GABLES, FL 33134
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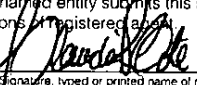


2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02062008	REIN-LLC	CR2E101 (1/07)
4. FEI Number 20-3219032	Applied For Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COTE, CLAUDIA 233 VELARDE AVENUE CORAL GABLES, FL 33134	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  CLAUDIA P. COTE 2/11/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$377.50		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME	MGR TORANZO, CARLOS <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500117969145
STREET ADDRESS	233 VELARDE AVENUE	STREET ADDRESS	02/13/08--01031--009 **\$377.50
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE NAME	MGRM COTE, CLAUDIA <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	233 VELARDE AVENUE	STREET ADDRESS	500117969145
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	02/13/08--01031--010 **\$5.00
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  CLAUDIA P. COTE 2/11/08 (305) 903-0841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #