12/17/2003 16:44 CORP [illegible] NO.384 P02

L99000007641

APPROVED AND FILED
03 DEC 17 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1&2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2002-2003

DOCUMENT # L99000007641

1. Limited Liability Company's Name
Latin American Electronic Community and Information Center, L.L.C.

2. Principal Office Address		3. Mailing Office Address	
1550 Madruga Avenue		1550 Madruga Avenue	
Suite, Apt. #, etc.: Suite 100		Suite, Apt. #, etc.: Suite 100	
City & State: Coral Gables, FL		City & State: Coral Gables, FL	
Zip: 33146	Country: USA	Zip: 33146	Country: USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 11/10/1999
6. FEI Number: 650960229 — 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: Greenberg Traurig, P.A., Attn: James LeShaw
Street Address (P.O. Box Number is Not Acceptable): 1221 Brickell Avenue
Suite, Apt. #, Etc.:
City: Miami   State: FL   Zip Code: 33131

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: ____________ REGISTERED AGENT MUST SIGN   Date 11/17/03

CR2E041 (10/02)

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	German Bravo	7171 Coral Way, Suite 503	Miami, FL 33155
MGRM	Chenille Commerical Corp.	7171 Coral Way, Suite 503	Miami, FL 33155

12-18-03

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 ____________ Date 12-08-03 Daytime Phone # 011-507-615-5933

Typed or printed name of signing Managing Member/Manager ____________

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

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