

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000007144

FILED

2002 NOV 21 AM 10:08

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000007144

Name and Mailing Address

0003155 01 FP 0.352 **PRSRT TO O 0615 33308-612273
ESABEL INTERNATIONAL COMPANY LLC
4280 GALT OCEAN DRIVE 15-M
FT. LAUDERDALE FL 33308-6122



2. New Mailing Address 3209 N.E. 36 Street #5		4. State/Country of Formation FL	
City, State, Zip FORT LAUDERDALE FL 33308		5. Date Organized or Qualified To Do Business in Florida 05/07/2001	
Principal Place of Business 4280 GALT OCEAN DRIVE 15-M FT. LAUDERDALE FL 33308	3. New Principal Place of Business Address SAME 2	6. FEI Number 65-1104472	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ALVARO CASTILLO B., P.A. 1390 BRICKELL AVE. SUITE 200 MIAMI FL 33131		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800008700328 10/30/02--01074--008 **150.00 City FL Zip Code	
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10. 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 **11-12-02**

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GARCIA, EUGENIO J	4280 GALT OCEAN DRIVE 15-M 3209 NE 36 ST #5	FT. LAUDERDALE FL 33308
MGR	SUAREZ, ROGELIO	4280 GALT OCEAN DRIVE 15-M 3209 NE 36 ST #5	FT. LAUDERDALE FL 33308
MGR	LIBERTAD BIDOGLIO, MARIA JUANA	4280 GALT OCEAN DRIVE 15-M 3209 NE 36 ST #5	FT. LAUDERDALE FL 33308
REINSTATEMENT 2002			

12. 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 disqualification 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 **10-25-02** Daytime Phone # **954-568-4141**

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)