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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 OCT -1 PM 2:02

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # L08000068511.

1. Limited Liability Company's Name

ARAVA INTERNET SERVICES LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4144 SW 97 CT	P.O. BOX 460244
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Ft. Lauderdale FL
Zip: 33165 Country: USA	Zip: 33346 Country:

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

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: MICHAEL MEJIAS

Street Address (P.O. Box Number is Not Acceptable): 4144 SW 97 CT

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33165

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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 _____ Date 9-29-10

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
MGR	LESTER MORENO	4144 SW 97 CT	MIAMI FL 3316
MGR	MICHAEL MEJIAS	4144 SW 97 CT	Miami FL 33165

REINSTATEMENT 2009-2010

11. E-mail Address: _____
(To be used for future annual report notifications)

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 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 9-29-10 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____