

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 DEC -4 PM 1:47

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002089

1. Limited Liability Company's Name
I-AMERICAS, L.L.C.

800025200568
12/04/03--01003--024 **150.00

2. Principal Office Address 1001 BRICKELL BAY DR.		3. Mailing Office Address 780 N.W. 42 AVENUE	
Suite, Apt. #, etc. #2104		Suite, Apt. #, etc. #416	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33131	Country	Zip 33126	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 02/24/2000	
6. FEI Number 65-0997263	Applied For <input type="checkbox"/> 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

Name
DESTOOP, HUGO

Street Address (P.O. Box Number is Not Acceptable)
1001 BRICKELL BAY DR

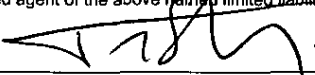
Suite, Apt. #, Etc.
#2104

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

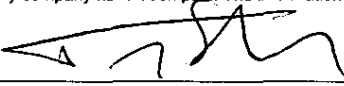
Date 20/11/03

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	DESTOOP, HUGO	1001 BRICKELL BAY DR #2104	MIAMI FL 33131

REINSTATEMENT 2003

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 20/11/03 Daytime Phone # 305-577 89 99

Typed or printed name of signing Managing Member/Manager HUGO DESTOOP

CR2E041 (10/02)