PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 NOV 13 PM 12: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000003870

1. Limited Liability Company's Name

INTERLINK USA, L.L.C

REINSTATEMENT 2001

2. Principal Office Address

5509 W. IRLO BRONSON

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip 34746   Country USA

3. Mailing Office Address

5509 W. IRLO BRONSON

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip 34746   Country USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida MARCH 30, 2000

6. FEI Number
59-3637182   Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ✓ $8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent   800004695038--4
-11/27/01--01045--0P3
****155.00 ****155.00

Name

ELIZABETH LEVENTHAL

Street Address (P.O. Box Number is Not Acceptable)

5509 W. IRLO BRONSON MEMORIAL HWY

Suite, Apt. #, Etc.

City KISSIMMEE   State FL   Zip Code 34746

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 _____ELeventhal_____   Date 11/9/01

REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
P/S/MGR	ELIZABETH LEVENTHAL	5509 W. IRLO BRONSON	KISSIMMEE, FL, 34746
VP/T	SCOTT LEVENTHAL	5509 W. IRLO BRONSON	KISSIMMEE, FL, 34746
?			

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 _____ELeventhal_____   Date 11/9/01   Daytime Phone # (407) 397 3442

Typed or printed name of signing Managing Member/Manager ELIZABETH LEVENTHAL.