1 of 2

LIMITED LIABILITY COMPANY REINSTATEMENT

UBR

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

FILED

01 OCT 22 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000006141

1. Limited Liability Company's Name

NET-E-MARKETING ADVISORS, LLC.

2. Principal Office Address

1721 SW 84 CT.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip 33155 | Country USA

3. Mailing Office Address

1721 SW 84 CT.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip 33155 | Country USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified To Do Business in Florida 5-23-01.

6. FEI Number 65-1121116 | [X] Applied For | Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] | $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SADDYS GARCIA

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

1721 SW 84 CT.

Suite, Apt. #, Etc.

City

MIAMI,

State FL | Zip Code 33155

600004653916---3
-10/25/01--01076--028
*****50.00 *****50.00

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 10/13/01.

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
Miss	SADDYS GARCIA	1721 SW 84 CT.	MIAMI, FL. 33155

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 10/13/01 Daytime Phone # (561) 588-1744

Typed or printed name of signing Managing Member/Manager SADDYS GARCIA