

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L00000006286

Name and Mailing Address

0005026 01 AT 0.292 **AUTO TO 0 0615 33037-434781



INTINISA U.S.A., L.L.C.
481 BAHIA AVENUE
KEY LARGO FL 33037-4347

MJH

US



10/29 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/26/2000	
Principal Place of Business 481 BAHIA AVENUE KEY LARGO FL 33037 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number NOT APPLICABLE	Applied For Not Applicable
8. Name and Address of Current Registered Agent RODRIGUEZ, REINALDO 481 BAHIA AVE KEY LARGO FL 33037		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name REINALDO RODRIGUEZ Street Address (P.O. Box, Apt., or Non-Res. Mailing) 481 BAHIA AVE City KEY LARGO FL 33037			
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 [Signature] SIGNATURE REQUIRED Date 10/26/03 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
MGRP	RODRIGUEZ, REINALDO	481 BAHIA AVE	KEY LARGO FL 33037
SP	MEDINA, CARMEN	481 BAHIA AVE	KEY LARGO FL 33037
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 [Signature] SIGNATURE REQUIRED		Date 10/26/03 Daytime Phone # 786-486-2757	
Typed or printed name of signing Managing Member/Manager			

REINSTATEMENT 2003 400024247824 10/29/03=01018=008 **155.00

CR2E034 (7/03)