

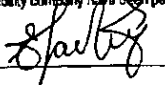


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Jim Smith Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Limited Liability Company's Name V.I.P. BUSINESS GROUP LLC					
<b>2. Principal Office Address</b> 8 PHOTI PITTA STREET Suits, Apt. #, etc. OFFICE 405 City & State NICOSIA Zip CY-1065		<b>3. Mailing Office Address</b> 910 FOULK ROAD Suits, Apt. #, etc. 201 City & State WILMINGTON, DE Zip 19803		<b>4. State/Country of Formation</b> FLORIDA <b>5. Date Organized or Qualified To Do Business in Florida</b> 06-14-00 <b>6. FB Number</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> <b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$100 Additional Fee Received for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>	
Name ARD, SHIRLEY & HARTMAN, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 207 West Park Avenue	
Suits, Apt. #, Etc. SUITE B	
City TALLAHASSEE	State FL Zip Code 32302

<b>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.</b>			
Signature of Registered Agent 		Date 11/6/02	
REGISTERED AGENT MUST SIGN			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ELENA PASTOU	8 PHOTI PITTA STR., OFC. 405	NICOSIA, CYPRUS CY-1065
<b>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 608.106, 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.</b>			
Signature of Managing Member/Manager 		Date 11-1-02	
Typed or printed name of signing Managing Member/Manager ELENA PASTOU, MANAGER		Daytime Phone #	

**REINSTATEMENT** 11-02  
dec

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4 November 2002

Florida Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: **REINSTATEMENTS OF  
V.I.P. BUSINESS GROUP LLC/TORDERO MERCHANTS GROUP LLC**

To Whom It May Concern:

Please find enclosed the LLC Reinstatements (in duplicate) for the above referenced entities, along with our 2 checks in the amount of \$200.00 each to cover the fees for filing. Please file these Reinstatements and return evidence of filing to us in the attached pre-filled, postage paid envelope.

If you have any questions concerning this request, please do not hesitate to contact me. Thank you in advance for cooperation and assistance.

Sincerely,



Christina S. Buchanan

:csb  
Enclosures

(ccb\letters\flagent2.ltr)

*mailed out*

RECEIVED  
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