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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 JUL -7 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000011446

1. Limited Liability Company's Name
Svenco LLC

2. Principal Office Address
5541 Pacific Blvd
Suite, Apt. #, etc. **#4102**
City & State **Boca Raton**
Zip **33433** Country

3. Mailing Office Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number **651044352** Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED **\$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name **Alicia Jimenez**

Street Address (P.O. Box Number is Not Acceptable) **80005747623**

Suite, Apt. #, Etc. **same as #2**

City State Zip Code **FL**

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 **x Alicia Jimenez** Date **07/06/05**

REGISTERED AGENT MUST SIGN

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	Raimundo Jimenez	5541 Pacific Blvd #4102	Boca Raton, FL 33433
REINSTATEMENT 2002-2005			

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 **[Signature]** Date **07/06/05** Daytime Phone # **561-3926157**

Typed or printed name of signing Managing Member/Manager

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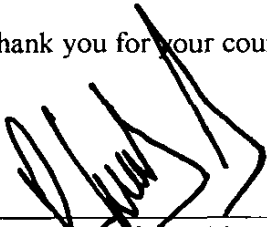
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

BK

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$200.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2002 thru 2005 or any other notice from the Division of Corporations in respect with the Corporation, **SVENCO, L.L.C.**

Thank you for your courtesy in this matter.



RAIMUNDO JIMENEZ
PRESIDENT