


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

2001-2002
LIMITED LIABILITY COMPANY REINSTATEMENT
 ULR



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

FILED
 02 JUN 24 AM 11:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L00000012462

1. Limited Liability Company's Name

Prixcom, LLC

2. Principal Office Address

7640 NW 25th St

Suite, Apt. #, etc.

111

City & State

Miami, FL

Zip

33122

Country

USA

3. Mailing Office Address

1333 S. Miami Ave

Suite, Apt. #, etc.

303

City & State

Miami, FL

Zip

33130

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida 10/13/2000

6. FEI Number

65-1048200

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

Leandro Finol

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

7640 NW 25th St.

Suite, Apt. #, Etc.

111

City

Miami

State

FL

Zip Code

33122

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. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Leandro Finol	7640 NW 25th St	Miami, FL 33122
MGRM	Jesus Villalobos	7640 NW 25th St	Miami, FL 33122
MGRM	Jesus Arangureh	7640 NW 25th St	Miami, FL 33122

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 608.408, 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

4/24/02

Daytime Phone #

305.599.9151

Typed or printed name of signing Managing Member/Manager

Leandro Finol

CR2E041 (8/01)