

THE END

The Seal of the State of Florida is a circular emblem. It features a central figure of a woman, likely representing Justice or Liberty, holding a scale and a sword. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

03 NOV -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Mailing Address

0005861 01 AT 0,292 **AUTO T3 0 0615 33132-145525

XX

AMASTRIS INTERNATIONAL L.L.C.

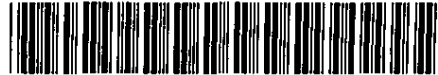
C/O LOUIS D. ZARETSKY, ESQ.

555 NE 15TH ST., STE. 100

MIAMI FL 33132-1455

600024410996

11/04/03--01043--006 利率150.00



2. New Mailing Address 1286 President Street		4. State/Country of Formation FL	
City, State, Zip Brooklyn NY 11213		5. Date Organized or Qualified To Do Business in Florida 01/18/2001	
Principal Place of Business C/O LOUIS D ZARETSKY, ESQ. 555 NE 15TH ST., STE. 100 MIAMI FL 33132		3. New Principal Place of Business Address 1286 President St. Brooklyn NY 11213	
6. FEI Number APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent ZARETSKY, LOUIS D 555 NE 15TH ST., STE. 100 MIAMI FL 33132		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 10/20/03 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
MGR	SHAYA, Boylelgreen (Boylmelgreen)	1286 PRESIDENT ST	BROOKLYN NY 11213
REINSTATEMENT 03 dec			
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 10-29-03 Daytime Phone 718-398-3200 Typed or printed name of signing Managing Member/Manager			