

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000001570

1. Limited Liability Company's Name
RBS CAREER LLC

2. Principal Office Address 700 E. DANIA BEACH BLVD.		3. Mailing Office Address 700 E. DANIA BEACH BLVD.	
Suite, Apt. #, etc. SUITE 202		Suite, Apt. #, etc. SUITE 202	
City & State DANIA, FL		City & State DANIA, FL	
Zip 33004	Country	Zip 33004	Country

FILED

2004 MAR 16 PM 12:02

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

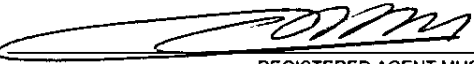
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03/16/04--01106--028 **250.00

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 01/31/01	
6. FEI Number 03-0398464	Applied For 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

Name PATRICK VIVIES	
Street Address (P.O. Box Number is Not Acceptable) 700 E. DANIA BEACH BLVD	
Suite, Apt. #, Etc. SUITE 202	
City DANIA	State FL
	Zip Code 33004


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 1/18/04

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	SERGE COZZOLINO	35 RUE DU MARECHAL FOCH	PARMAIN, 95620 FRANCE

REINSTATEMENT 2002-03 

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  Date 03/02/04 Daytime Phone#

Typed or printed name of signing Managing Member/Manager **SERGE COZZOLINO**

CR2E041 (10/02)