

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004202

Name and Mailing Address

0000241 01 FP 0.352 \*\*PRSR T1 0 0615 33131-432600



ISABELLA USA, LLC  
201 SOUTH BISCAYNE BLVD.  
SUITE 850  
MIAMI FL 33131-4326



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 201 SOUTH BISCAYNE BLVD. SUITE 850 MIAMI FL 33131		<b>5. Date Organized or Qualified To Do Business in Florida</b> 03/15/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 65-1086417 Applied For Not Applicable	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b> ROSSZ FIU COPORATION 201 SOUTH BISCAYNE BLVD. SUITE 850 MIAMI FL 33131	<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 600009470716 12/11/02--01054--001 **150.00 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: Rossz Fi Corporation Date: 11/1/02  
President  
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	LATO, ANDREA	201 SOUTH BISCAYNE BLVD.	MIAMI FL 33131
MGR	SIMONETTI, ISABELLA	201 SOUTH BISCAYNE BLVD.	MIAMI FL 33131

REINSTATEMENT

**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] Date: 11/1/02 Daytime Phone #: 011 39 335 7053363