


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000004563	
1. Limited Liability Company's Name Variant USA, LLC	
2. Principal Office Address One SE Third Avenue	3. Mailing Office Address 5421 Knoll Creek Dr
Suite, Apt. #, etc. Suite 1940	Suite, Apt. #, etc. Apt H
City & State Miami, FL	City & State StL, MO
Zip 33131	Country USA
Zip 63042	Country USA

FILED
03 JUN 25 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900021174159 06/27/03--01039--003 **100.00	
4. State/Country of Formation FL, USA	
5. Date Organized or Qualified To Do Business In Florida March 26, 2001	
6. FEI Number 65-1107487	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Filings, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 3732 Northwest 16th Street	
Suite, Apt. #, Etc.	
City Fort Lauderdale	State FL
Zip Code 33311	

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 *Jesus Roman* Vice-president of Filings, Inc. Date *6-25-03*
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
CEO, CFO Sec	Stephen Wren	5421-H Knoll Creek Dr	StL, MO 63042
UBR FOR			
2002 + 2003			

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 *Stephen Wren* Date *6/16/03* Daytime Phone # *314-895-4604*
Typed or printed name of signing Managing Member/Manager *Stephen Wren*

CR2E041 (10/02)

June 16, 2003

L01000004563

Department of State, Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

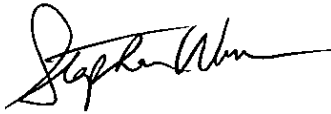
PA622

Ladies and Gentlemen:

We previously failed to remit our annual report to the state because we received no notice that it was due. Please reinstate and mail me a certificate of good standing for my company as below. Payment for reinstatement (\$100) and our \$5 check for the certificate is enclosed.

Many thanks,
Steve

Steve Wren
Managing Member
Variant USA LLC
5421-H Knoll Creek Dr
StLouis, MO 63042



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