

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:52

1. DOCUMENT # L01000005830

Name and Mailing Address

0005953 01 AT 0.292 **AUTO T4 0 0615 33133-190053



MARKETING EXPRESS (VENEZUELA) LLC
3326 MARY ST., STE. 603
COCONUT GROVE FL 33133-1900



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/16/2001	
Principal Place of Business 3326 MARY ST., STE. 603 COCONUT GROVE FL 33133	3. New Principal Place of Business Address City, State, Zip	6. FEI Number APPLIED FOR	Applied For Not Applicable
8. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 S. BAYSHORE DR., STE. 703 MIAMI FL 33133		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10/24/03 01012 012 **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 SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN 600024059736 10/24/03 Date 01012 012 **150-00			
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	COPPER MANAGEMENT, INC.	3326 MARY ST., STE. 603	COCONUT GROVE FL 33133
MGR	LAPIS MANAGEMENT, INC.	3326 MARY ST., STE. 603	COCONUT GROVE FL 33133
REINSTATEMENT <u>03</u> 			

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

Typed or printed name of signing Managing Member/Manager

Anthony Camps

Date

Daytime Phone #

305-444-3244

CP2E084 (7/03)