

L01000009658

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 APR 14 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L01000009658
 1. Limited Liability Company's Name
CUSTOMER INTERACTION SYSTEM LLC

REINSTATEMENT

2002-
7003

2. Principal Office Address		3. Mailing Office Address	
801 BRICKELL AVE		801 BRICKELL AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
FLOOR 900		FLOOR 900	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33131	USA	33131	USA

4. State/Country of Formation	
FLORIDA, U.S.A.	
5. Date Organized or Qualified To Do Business in Florida	
06/15/01	
6. FEI Number	Applied For
65-1112162	Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$500. Additional File required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
DOMINGO ALONSO

Street Address (P.O. Box Number is Not Acceptable)
301 ALMERIA AVENUE STE 3

Suite, Apt. #, Etc.

City
CORAL GABLES, FL 33134

State
FL

Zip Code

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 Date **4-13-03**

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
MGRM	GUSTAVO A RAMON	PLAZA MAYOR #2, LOMAS VERDE	NAUCALEPA MEXICO
MGRM	ULISES CARRETO	ALFONSO NAPOLES GARDANA #50	SANTA FE 01210 MEXICO
MGRM	RAFAEL NUNEZ	CALLE CARACOL 9E B	MIRADOR NORTE STO DOMINGO
MGRM	LUIS ALBERTO ROLANDO	CENTRO COINASA PISO 5 OFIC 53	LA CASTELLANA CARACAS 1060

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 Date **02/04/03** Daytime Phone # **305448-3898**

Typed or printed name of signing Managing Member/Manager **GUSTAVO RAMON**

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Florida Department of State
Division of Corporations
Public Access System

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DIVISION OF CORPORATION

To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY REINSTATEMENT

CUSTOMER INTERACTION SYSTEM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$200.00