

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
JIM SMITH  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000009725

Name and Mailing Address

02 NOV 13 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0000284 01 FP 0.352 \*\*PRSR T1 0 0615 33131-234075



X FOODS INTERNATIONAL, LLC  
200 SOUTH BISCAYNE BLVD  
STE 5100  
MIAMI FL 33131-2340



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 200 SOUTH BISCAYNE BLVD STE 5100 MIAMI FL 33131-2340		<b>5. Date Organized or Qualified To Do Business in Florida</b> 06/13/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
<b>8. Name and Address of Current Registered Agent</b> PATRICK J GOGGINS, P.A. 200 SOUTH BISCAYNE BLVD, STE 5100 MIAMI FL 33131-2340		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>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.</b> Signature of Registered Agent: [Signature] Date: 8 November 2002 REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GUERRA, ALVARO	200 SOUTH BISCAYNE BLVD, STE 5100	MIAMI FL
500008963605 11/13/02--01039--028 **150.00			
AL REINSTATEMENT			

CR2E084 (8/02)

**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

Date 8 Nov 2002 Daytime Phone # 305/530-8500

Typed or printed name of signing Managing Member/Manager

Patrick Goggins attorney for Alvaro Guerra