

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATE REGISTRATION

AND
FILED

02 NOV -7 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000010426

Name and Mailing Address

0008584 01 FP 0,352 **PRSR H7 0 0615 33139-733954



PJUR GROUP USA, LLC
300 S POINTE DR
SUITE 604
MIAMI BEACH FL 33139-7339

REINSTATEMENT 2002



| | | | |
|---|-----------------------------------|--|----------------------|
| 2. New Mailing Address City, State, Zip | | 4. State/Country of Formation FL | |
| Principal Place of Business 300 S POINTE DR SUITE 604 MIAMI BEACH FL 33139 | | 5. Date Organized or Qualified To Do Business in Florida 06/26/2001 | |
| 3. New Principal Place of Business Address City, State, Zip | | 6. FEI Number 38-3645046 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> | |
| 8. Name and Address of Current Registered Agent MATAS, RAQUEL M 201 S BISCAYNE BLVD 34TH FLOOR MIAMI CENTER MIAMI FL 33131 | | 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) 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 <i>Raquel Matas</i> Date 11/1/02 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 | HARRIS, RICHARD | 300 S POINTE DR SUITE 604 | MIAMI BEACH FL 33139 |
| MGR | PALMQUIST, JACK | 300 S POINTE DR SUITE 604 | MIAMI BEACH FL 33139 |
| 300008875443 11/07/02--01078-006 **150.00 | | | |

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

Jack Palmquist
JACK PALMQUIST

Date 10/23/02 Daytime Phone # 212-337-3767

Typed or printed name of signing Managing Member/Manager