PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

1. Limited Liability Company's Name INFOCOM L.L.C.

DOCUMENT # L01000011071

Country

USA

÷

ſ

Zip

19801



Zip

19801

FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

03 JAN 16 PN 3-19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Office Address 1220 N. MARKET ST.	3. Mailing Office Address 1220 N. MARKET ST.	4 8 4 6		
Suite, Apt. #, etc. SUITE 606	Suite, Apt. #, etc. SUITE 606	4. State/Country of Formation FLORIDA		
		5. Date Organized or Qualified To Do Business in Florida 7/9/2001	-	
City & State WILMINGTON, DE	City & State WILMINGTON, DE			

Country

USA

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligatio ns of Chapter 608, F.S.

CERTIFICATE OF STATUS DESIRED for a Certificate of Status 8. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 DUVAL STREET Suite, Apt. #, Etc. Zip Code **TALLAHASSEE** 32302

Signature o Registered			Date 1/16/03
10. Name	es and Street Addresses of Managing Members/Managers		
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
member	Euro-Amex Exchange, Inc.	Cuba Ave. & 34th St., East Bldg #34/20	Panama city 5, Panama
membe	Saturn Investment Group, SA	Cuba Ave. & 34th St., East Bldg #34/20	Panama city 5, Panama
		11 03 300ct	7028.3313
-		13/18/	
44			\$150.00
11. Logrify	y that I am managing member/manager or the receiver or the	sustan ampayored to everyte this seeding the end of the seeding th	

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.

Managing Member/Manager

1-15-03

Daytime Phone #__302-421-5752

Janet M. Caruccio, Power of Attorney for member Typed or printed name of signing Managing Member/Manager

✔ Not Applicable

\$5.00 Additional Fee required