PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 28 AM 9:56

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000011925

1. Limited Liability Company's Name
MATRIX INTERNATIONAL HOLDINGS LLC

2. Principal Office Address	3. Mailing Office Address
1802 N. UNIVERSITY DR	1802 N. UNIVERSITY DR.
Suite, Apt. #, etc. #226	Suite, Apt. #, etc. #226
City & State PLANTATION FLORIDA	City & State PLANTATION FL
Zip 33322 Country US	Zip 33322 Country U.S

4. State/Country of Formation FLORIDA U.S.

5. Date Organized or Qualified To Do Business In Florida

6. FEI Number 65-1121660 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: SAVITA KEZERLE TRUSTEE

Street Address (P.O. Box Number is Not Acceptable): 1802 North UNIVERSITY DRIVE

Suite, Apt. #, Etc.: #226

City: PLANTATION State: FL Zip Code: 33322

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 X Savita Kezerle Trustee 2 DAWN Date 27DEC2005

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
T	SAVITA KEZERLE	1802 N. UNIVERSITY DR #226	PLANTATION FL 33322
GM	SAVITA KEZERLE	1802 N. UNIVERSITY DR #226	PLANTATION FL 33322
		REINSTATEMENT 02-05	
		300063696043	
		01/19/06 01:09 -023 **300.00	

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 X [signature] Date 27Dec2005 Daytime Phone # 518-4069972

Typed or printed name of signing Managing Member/Manager SAVITA KEZERLE TRUSTEE