

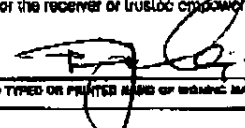
FROM : EAGLE INVESTMENT LLC

FAX NO. : 954 581-4939

Nov. 03 2006 05:32PM P9

**2006 LIMITED LIABILITY COMPANY
REINSTATEMENT**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -7 PM 2:34

DOCUMENT # L01000011925					
1. Entity Name MATRIX INTERNATIONAL HOLDINGS, LLC					
Principal Place of Business 1802 N UNIVERSITY DR SUITE 226 PLANTATION, FL 33322			Mailing Address 1802 N UNIVERSITY DR SUITE 226 PLANTATION, FL 33322		
					
2. Principal Place of Business Bldg, Apt. #, etc.		3. Mailing Address Bldg, Apt. #, etc.		11022006 REIN-LLC CR2E101 (11/05)	
City & State		City & State		4. FE Number 65-1121660	
Zip		Zip		5. Certificate of Status Filed ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KEZERLE, SAVITA 1802 NORTH UNIVERSITY DRIVE SUITE 226 PLANTATION, FL 33322			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)					
FILE NOW! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00			In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP KEZERLE, SAVITA TRUSTEE 1802 N UNIVERSITY DR #226 PLANTATION, FL 33322			TITLE NAME STREET ADDRESS CITY-ST-ZIP 700081593487 11/07/06--01054--004 **50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP KEZERLE, SAVITA 1802 N UNIVERSITY DR #226 PLANTATION, FL 33322			TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)			TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)		
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REINSTATEMENT 2006					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  3/4 Nov 2006 518-4669972					