


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000014929

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L01000014929

1. Limited Liability Company's Name

ALL COMMUNICATIONS & TECHNOLOGIES
LLC

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FILED
2006 MAY 19 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CR2E041 (8/05)

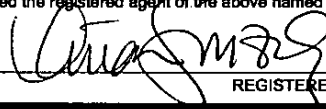
2. Principal Office Address 3785 NW 82 nd Av Suite, Apt. #, etc. 208 City & State Miami, FL Zip 33166 Country USA		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country	
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4. State/Country of Formation	FL, US
5. Date Organized or Qualified To Do Business in Florida	08/31/2001
6. FEI Number	65-1137663
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	
Name	Ariadna Gonzalez
Street Address (P.O. Box Number is Not Acceptable)	5189 NW 108 Path
Suite, Apt. #, Etc.	
City	Doral
State	FL
Zip Code	33178

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



Date

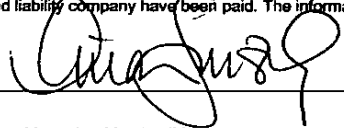
REGISTERED AGENT MUST SIGN

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
Member Manager	Ariadna Gonzalez	5189 NW 108 Path	Doral, FL 33178

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 608.406, 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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT 2002-2006