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	VILLING IF DO IVING BEF DE	COMPLING HEE	·RM.	
LIMIT D LIAB LIT	FLORY A EPART ME TO ST			
COMPANY	Jim Smith	- Curch		
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	FILED		
		2002 NOV 15 PM	2002 NOV 15 PM 12: 03	
DOCUMENT # LO/0000/6/89  1. Limited Liability Company's Name		1	DIVIDION OF CORPORATIONS	
		TALLAHASSEE, F	TALLAHASSEE, FLORIDA	
International Eguities	al Firmer 111	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
0.00		<b>30000901</b>	300009019313 - 11/15/0201020021 **155.00	
2. Principal Office Address	3. Mailing Office Address	******** OTOCO O	£1 **133.UU	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State/Country of Formation		
5/2 500	Suite, Apt. #, etc.	5. Date Organized or Qualified	5. Date Organized or Qualified	
City & State	City & State	To Do Business in Florida	i uo/	
Coast Speines, F1	Corst Springs, F1	6. FEI Number	Applied For	
Zip Country	Zip Country	7. 65. //48 408	Not Applicable	
3306:5" USH	33065 USA	CERTIFICATE OF STATUS DESIRED	\$	
8. Name and Address of Current Registered Agent				
Francis J. Donnell				
Street Address (P.O. Box Number is Not Acceptable)				
33017 V. Island Kord				
Ch.				
Cooper Ct		State Zip Code	,	
	ve named limited liability company, am familiar with			
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 MUST SIGN  Date  Date				
10. Names and Street Addresses of Managing Men				
Titles Name of	Street Address of 8	Each		
Managing Members/Manage	Managing Member/M	anager City /	/ State / Zip	
MCRU FRANCIS DOMM	1 3307 N. Is long	121 6	2/ I/ 2002	
		The Capa Co	t, +1 3726	
			:	
	Tre tre		-	
	REINSTATEMENT 2002			
			OB	
11. I certify that I am managing member/manager or filing this reinstatement application the reason for	the receiver or trustee empowered to execute this a	polication as provided for in the standard S.C.	<i>U</i> <sup>3</sup>	
filing this reinstatement application the reason for all fees owed by the limited liability company have	dissolution has been eliminated, the limited liability co been paid. The information indicated on this applicati	mpany name satisfies the requirements of section is true and accurate, and my signature should be supported to the section of	trurther certify that when ion 608.406, F.S., and that	
filling 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 as if made under oath.  Signature of				
Managing Member/Manager Date 1//3 02 Daytime Phone # 954-796- 4200				
Typed or printed name of signing Managing Member/Manager Textures S. ODorine				