

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000016189

Name and Mailing Address

0005311 01 AT 0.292 \*\*AUTO T1 0 0615 33065-403730

INTERNATIONAL EQUITIES & FINANCE, LLC  
9600 W. SAMPLE ROAD, STE. 505  
CORAL SPRINGS FL 33065-4037

500024340795  
10/31/03--01087--004 \*\*150.00



2. New Mailing Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 09/19/2001

Principal Place of Business  
9600 W. SAMPLE ROAD, STE. 505  
CORAL SPRINGS FL 33065

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number 65-1148408  
Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

ODONNELL, FRANCIS J  
3307 N. ISLAND ROAD  
COOPER CITY FL 33026

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

10. 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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/15/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	O'DONNELL, FRANCIS	3307 N. ISLAND ROAD	COOPER CITY FL 33026
MGRM	CASTAGNA, PATRICK A	9600 W. SAMPLE ROAD, STE. 505	CORAL SPRINGS FL 33065

REINSTATEMENT

03  
dec

12. 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 terminated, 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

**SIGNATURE REQUIRED**

Date 10/15/03 Daytime Phone # 954-796-4200

Typed or printed name of signing Managing Member/Manager