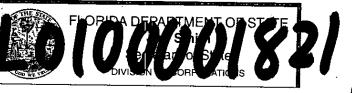
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

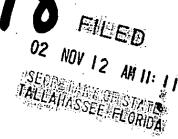


1. DOCUMENT #

L01000018218

Name and Mailing Address

0010178 01 FP 0.352 **PRSRT H6 0 0615 33496-247399 lulladialahiadiadiadialahilahilaaa#f NAZTEC INTERNATIONAL L.L.C. 5030 CHAMPION BLVD., G6-255 **BOCA RATON FL 33496-2473**





2. New Mailing Address				4. State/Country of Formation				
City, State, Zip					FL 5. Date Organized or Qualified To Do Business in Florida 10/23/2001			
								'
5030 CHAMPION BLVD., G6-255 BOCA RATON FL 33496		City, State, Zip			65-114-6211 Not Applicable			
					CERTIFICATE OF STATUS DESIRED 65.00 Additional Fee required to a Certificate of Status			
					9. Name and Address of New Registered Agent			
SPIEGEL & UTRERA, P.A.				Name MOHAMED	SALALUDDIN PAZHOOR K			
184	0 SW 22ND ST.			Street Address (P.O. Box Number is Not Acceptable) 5030 Champion Blvd., G6-255				
MIAMI FL 33145					**************************************			
		<u> </u>		City BOCA RAT	ON	FL	Zip Code 33496-2473	
10. I, being	g appointed the registered agent of the ab	ove named limited	liability company,	am familiar with and	accept the obligations of Chante	er 608 F.S.		
Signature of	MOUANTED SOLETAN	เก็ก๊รท์ จิล็วย		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	5, 000, 1.0.		
Registered A		GISTERED AGENT		4 44	Date			
11. Names	and Street Addresses of Each Managing						The second secon	
Title(s)	Name of Managing Street Address of Ea				<u> </u>	· .		
	Members/Managers Mana		ng Member/Manag	Member/Manager City / State / Zip				
MGR	MOHAMED SALALUDDIN PAZHOOR K		5030 CHAMPIO	N BLVD., G8-255	BOCA	. BOCA RATON FL 33496		
MGR	MOHAMED MUYEENUDDIN PAZHOOR K		5030 CHAMPIO	N BLVD., G8-255	BOCA	BOCA RATON FL 33498		
					1405/12/91109	-014	135.00	
					2000088 11/05/0201108-	1464	2 455 nn	
	REINSTATEM	ENT 2	2002	<u></u>		021		
		1	3K		PSPL			
12. I certify this all fees of	that I am managing member/manager or t reinstatement application the reason for d awed by the limited liability company have t	he receiver or trus	itee empowered to	execute this application	cation as provided for in chapter ny name satisfies the requiremen	608, F.S. I furt ts of section 60	her certify that when 8.406, F.S., and that	

as if made under oath.

Managing Member/Manager