	PLEASE READ A	ALL INSTRU	CTIONS BEFOR	E COMPLETI	ING THIS FOR	RM.	
					FIL	LED	
С	ED LIABILITY OMPANY	Secre	PARTMENT OF STAT	ΓΕ 	2004 MAR 16	PM 12: 54	
REINSTATEMENT			SION OF CORPORATIONS		DIVISION OF CORPORATIONS		
DOCUMENT # L01000020950					TALLAHASS	EE, FLORIDA	
1. Limited I	Liability Company's Name						
INTI	ERNATIONAL CLUB S	UPPLIERS,	LLC				
				•			
2. Principal Office Address 3. Mailing C 18302 Highwoods 18302			Highwoods 📉				
Preserve Parkway Pres		Preserve Suite, Apt. #, etc.	rve Parkway 4.		itate/Country of Formation ${f FL}$		
Suite 300			5. Date Org		anized or Qualified		
City & State City & State					1	.1/30/2001	
	pa, FL Tampa		L		6. FEI Number Applied For 5 9 - 3 7 5 7 2 0 5 Not Applicable		
Zip 33647	Country 7 US	33647	Country	7.	OF STATUS DESIRED	\$5.00 Additional Fee required	
5551,			and Address of Current Reg			for a Certificate of Status	
	Name						
	James K. Sartain Street Address (P.O. Box Number is Not Acceptable)						
	18302 Highwoods Preserve Parkway						
	Suite, Apt. #, Etc.				300305 ; 5/0401104-	다음의 1 년 -009 **201.00	
	Suite 300				State Zip Code		
	Tampa		<u> </u>		FL 33647		
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 James K. Sartain REGISTERED AGENT MUST SIGN							
Signature of) Registered Agent James K. Sartain							
REGISTERED AGENT MUST SIGN							
10. Name	s and Street Addresses of Managing Men	nbers/Managers		<u> </u>	T		
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip		
MGRM	M_James_KSartain		18302 Highwoods Preserv		ł	27 010:5:4:7:	
MGRIT			Parkway: Ste 300		-Tampa, F	L 33647	
MGRM	James Bailey	Pa	rkway, Ste.	300	Tampa, F	L 33647	
MGRM	Chad Sartain		18302 Highwoods Preserve Parkway, Ste. 300			DT 22647	
Packer	chad Sartain		1301 Avenue of America		Tampa,	FL 33647	
MGRM	Rick Roenisberger		38th Floor		New York, NY 10019		
MGRM	Ken Picache		1301 Avenue of America. 38th Floor		New York, NY 10019		
		Ř	FINSTATE	MENT		N1 10019	
NEINSTATEMENT 2003-04CA							
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 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 all fees owed by the limited liability company have been pand. 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							
Typed or printed name of signing Managing Member/Manager							