

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000022155

1. Limited Liability Company's Name

INTERNATIONAL CONSULTANTS & ASSOCIATES LLC

2. Principal Office Address

701 BRICKELL KEY DR.

3. Mailing Office Address

701 BRICKELL KEY DR.

Suite, Apt. #, etc.

COURVOISIER COURTS, STE. 1903

Suite, Apt. #, etc.

COURVOISIER COURTS, STE. 1903

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. State/Country of Formation

FLORIDA - MIAMI DADE COUNTY

5. Date Organized or Qualified  
To Do Business in Florida

12/20/2001

6. FEI Number

90-0000832

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

A1A REGISTERED AGENT INC.

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

92 SADBERRY ROAD

Suite, Apt. #, Etc.

City

QUINCY

State  
FL

Zip Code  
32351

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

*Paul Smith*

Date 12-29-03

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
MGR	ALBERTO URIBE	701 BRICKELL KEY DR. COURVOISIER COURTS, STE. 1903	MIAMI FL 33131

**REINSTATEMENT 2002 - 2004**

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

*Alberto Uribe*

Date 12/1/2003

Daytime Phone # 917.361.1617

Typed or printed name of signing Managing Member/Manager

ALBERTO URIBE

FILED  
04 MAR 26 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

CR2ED41 (10/02)

L01000022155 (2)



**International Consultants &  
Associates LLC**

**Alberto Uribe  
President & CEO**

**Caracas, Venezuela  
Miami, FL USA  
Mexico City, Mexico**

DATE: December 10<sup>th</sup>, 2003

TO: DIVISION OF CORPORATIONS  
REINSTATEMENT SECTION

FROM: ALBERTO URIBE  
INTERNATIONAL CONSULTANTS &  
ASSOCIATES LLC

B/K

FILED  
04 MAR 26 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We did not receive from you the Uniform Business Report by mail.

Please file our renewal.

If you have any questions please contact us at [arizona33@comcast.net](mailto:arizona33@comcast.net)

Thanks,

Alberto Uribe  
President & CEO