

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

2004 FEB 11 PM 12:18

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000005869
Name and Mailing Address

0015588 01 MB 0.309 **AUTO T8 0 0615 19801-259856
INCREDO L.L.C.
C/O AMERICAN INCORPORATORS LTD.
1220 N. MARKET STREET, SUITE 606
WILMINGTON DE 19801-2598



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business C/O AMERICAN INCORPORATORS LTD. 1220 N. MARKET STREET, SUITE 606 WILMINGTON DE 19801		5. Date Organized or Qualified To Do Business in Florida 03/12/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <i>Not applicable</i>	
		Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICE INC. 1333 DUVAL STREET TALLAHASSEE FL 32303		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 <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date <i>2/10/04</i>			
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	EURO-AMEX EXCHANGE INC.	SUITE 302 EAST BUILDING NO. 34/20 CUBA AVE	PANAMA CITY 5, PANAMA
MGRM	SATURN INVESTMENT GROUP, S.A.	SUITE 302 EAST BUILDING NO. 34/20 CUBA AVE	PANAMA CITY 5, PANAMA
			900028536059
REINSTATEMENT 2003-04			

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 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 *[Signature]* REQUIRED Date *2/9/04* Daytime Phone # *302-421-5752*

Typed or printed name of signing Managing Member/Manager

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 02-10-04

NAME: INCREDO, LLC

TYPE OF FILING: 2004 UBR

COST: ²⁰⁰~~\$100~~ *ok per Paul 2/12*

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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