

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:41

1. DOCUMENT # L02000008954

Name and Mailing Address

0009009 01 AT 0.292 **AUTO H3 0 0615 33331-361599



INTERCONTINENTAL INVESTMENTS, LLC
C/O ROSEN, KREILING & EICHNER
2500 WESTON ROAD
WESTON FL 33331-3615



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/15/2002	
Principal Place of Business C/O ROSEN, KREILING & EICHNER 2500 WESTON ROAD WESTON FL 33331-3617	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 043-65-2122	Applied For Not Applicable
8. Name and Address of Current Registered Agent ROSEN, HARRY ESQ. C/O ROSEN, KREILING & EICHNER 2500 WESTON ROAD WESTON FL 33331-3617		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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>12/1/03</u> REGISTERED AGENT MUST SIGN			
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
MM	David Ortiz	2400 N. Commerce Pkwy., #108	Weston, Fla. 33326

12. I certify that I am managing member/manager of 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

11/12/03

Daytime Phone #

954-453-1275

Typed or printed name of signing Managing Member/Manager