

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 21 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000016391

1. Limited Liability Company's Name

Metro Equities International (CG), LLC

2. Principal Office Address

18753 Biscayne Blvd.

Suite, Apt. #, etc.

City & State

Aventura, Florida

Zip

33180

Country

USA

3. Mailing Office Address

18753 Biscayne Blvd.

Suite, Apt. #, etc.

City & State

Aventura, Florida

Zip

33180

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

02-0641175

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MAYNARD J. HELLMAN, ESQ.

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

2999 NE 191 STREET

Suite, Apt. #, Etc.

PENTHOUSE 8

City

AVENTURA

State

FL

Zip Code

33180

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

Date 04-06-04

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
MGM	MONOGRAM MARKETING, INC.	18753 BISCAYNE BLVD.	AVENTURA, FL 33180

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04/21/04--01017--010 **200.00

REINSTATEMENT 2003-2004

11. I certify that I am managing member/manager of the receiver or trustee and have accepted the obligations 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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)