

50.00

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV -2 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MK



DOCUMENT # L02000017698				1. Entity Name OVERSEAS A.V. SYSTEMS LLC			
Principal Place of Business 11 TURTLE WALK KEY BISCAWAYNE, FL 33149			Mailing Address 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			11012007 REIN-LLC CR2E101 (1/07)	
City & State			City & State			4. FEI Number 56-2328678	
Zip		Country	Zip		Country	Applied For	Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the registered agent.							
SIGNATURE <i>Timothy D. Richards</i> Timothy D. Richards				11/01/07		DATE	
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERRARI, MARTIN			NAME			
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 703			STREET ADDRESS	200112029322		
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP	11/06/07--01013--008 **100.00		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

REINSTATEMENT 2007

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Timothy D. Richards* 11/1/07 (305) 858-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #