L02000022314

APPROVED AND FILED 1062

P.02

03 OCT -3 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000022314

1. Limited Liability Company's Name

Megamar International, LLC

2. Principal Office Address	3. Mailing Office Address
5701 Camino Del Sol	5701 Camino Del Sol
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101
City & State: Boca Raton, Florida	City & State: Boca Raton, Florida
Zip: 33433 Country: U.S.	Zip: 33433 Country: U.S.

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 08/28/2002

6. FEI Number: [X] 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: Holly G. Gershon

Street Address (P.O. Box Number is Not Acceptable): 1489 W. Palmetto Park Rd

Suite, Apt. #, Etc.: Suite 425

City: Boca Raton State: FL Zip Code: 33486

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 10-3-03

REGISTERED AGENT MUST SIGN

CR2E041 (10/00)

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
MGRM	Melis Giraud	5701 Camino Del Sol #101	Boca Raton, FL 33432

10-03

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 Melis Giraud Date Oct 1, 2003 Daytime Phone # 561-416-2086

Typed or printed name of signing Managing Member/Manager _____

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TOTAL P.02

Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

MEGAMAR INTERNATIONAL, LLC

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