

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA


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7/21

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>L02000025560</u>			
<b>1. Limited Liability Company's Name</b> <u>INTERNATIONAL RECONSTRUCTION &amp; Development, LLC</u>			
<b>2. Principal Office Address</b> <u>5201 BLUE LAGOON DRIVE</u> Suite, Apt. #, etc. <u>812</u> City & State <u>MIAMI, FL</u> Zip <u>33126</u> Country <u>USA</u>		<b>3. Mailing Office Address</b> <u>5201 BLUE LAGOON DR.</u> Suite, Apt. #, etc. <u>812</u> City & State <u>MIAMI, FL</u> Zip <u>33126</u> Country <u>USA</u>	

<b>4. State/Country of Formation</b> <u>Florida, USA</u>	
<b>5. Date Organized or Qualified To Do Business in Florida</b> <u>9/30/2002</u>	
<b>6. FEI Number</b> <u>02-0566535</u>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>		
Name <u>ERNESTO CASCO</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>5201 BLUE LAGOON DRIVE</u>		
Suite, Apt. #, Etc. <u>812</u>		
City <u>MIAMI</u>	State <u>FL</u>	Zip Code <u>33126</u>

<b>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.</b>	
Signature of Registered Agent <u>[Signature]</u>	Date <u>07/06/2004</u>
REGISTERED AGENT MUST SIGN	

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MIRABOL, JOSE	5201 BLUE LAGOON DR. #812	MIAMI, FL, 33126
MGRM	CASCO, ERNESTO	5201 BLUE LAGOON DR. #812	MIAMI, FL, 33126

REINSTATEMENT

2003-  
2004

<b>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.</b>			
Signature of Managing Member/Manager <u>[Signature]</u>		Date <u>7/6/04</u>	Daytime Phone # <u>(954) 488-2209</u>
Typed or printed name of signing Managing Member/Manager <u>JOSE R. MIRABOL</u>			

CR2E041 (10/02)