

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000025560

1. Limited Liability Company's Name
INTERNATIONAL RECONSTRUCTION & DEVELOPMENT, LLC

800039396368
07/21/04--01092--001 **200.00
~~07/21/04 01092 001 **200.00~~

7/21

2. Principal Office Address <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>		3. Mailing Office Address <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>	
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4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida
9/30/2002

6. FEI Number 02-0566535 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 ERNESTO CASCO

Street Address (P.O. Box Number is Not Acceptable)
5201 BLUE LAGOON DRIVE

Suite, Apt. #, Etc. 812

City MIAMI State FL Zip Code 33126

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 [Signature] Date 07/06/2004

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
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

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 [Signature] Date 7/6/04 Daytime Phone# (954) 488-2209

Typed or printed name of signing Managing Member/Manager JOSE R. MIRABOL

CR2E041 (10/02)