


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR -3 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # W2000031815

1. Limited Liability Company's Name

Alphatek Holdings, LLC

000029750760  
03/03/04--01021--029 \*\*200.00

2. Principal Office Address <u>1111 Brickell Avenue</u> Suite, Apt. #, etc. <u>11th Floor</u> City & State <u>MIAMI, FL</u> Zip <u>33131</u> Country <u>USA</u>		3. Mailing Office Address <u>- SAME -</u> Suite, Apt. #, etc. City & State Zip Country	
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4. State/Country of Formation <u>FLORIDA / USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>11/26/2002</u>	
6. FEI Number	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name <u>JOSE RAFAEL MINABOI</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>5201 BLUE LAGOON DRIVE, SUITE 910</u>	
Suite, Apt. #, Etc. <u>Suite 910</u>	
City <u>MIAMI</u>	State <u>FL</u> Zip Code <u>33126</u>

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]  
REGISTERED AGENT MUST SIGN

Date 2/24/04

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
<u>MGR</u>	<u>JOSE RAFAEL MINABOI</u>	<u>1455 N. TREASURE DRIVE, PH-M</u>	<u>N. Bg Village, FL 33141</u>
<u>MGR</u>	<u>ERNESTO CASCO</u>	<u>1455 N. TREASURE DRIVE, 5-0</u>	<u>N. Bg Village, FL 33141</u>
<u>MGR</u>	<u>INTERNATIONAL RE-CONSTRUCTION, Development</u>	<u>5201 BLUE LAGOON DRIVE, #910, MIAMI, FL 33141</u>	

**REINSTATEMENT** 03-04  
[Signature]

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]  
JOSE MINABOI

Date 2/24/04 Daytime Phone# (786) 488-2209

Typed or printed name of signing Managing Member/Manager