

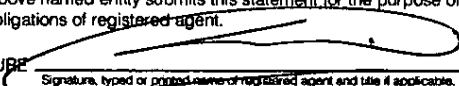
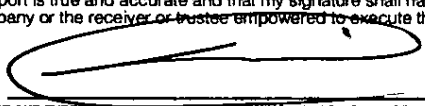


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 21 AM 10:21

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # L02000032344 1. Entity Name VAN HOVE INTERNATIONAL, LLC | | | |  | |
| Principal Place of Business 4100 NE 2ND AVENUE STE. 101 MIAMI, FL 33137 | | | Mailing Address 4100 NE 2ND AVENUE STE. 101 MIAMI, FL 33137 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 01102005 REIN-LLC CR2E101 (6/04) | |
| Zip Country | | Zip Country | | 4. FEI Number 68-0533801 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent JAULIN, ECLUZRD0 4100 NE 2ND. AVE. #102 MIAMI, FL 33137 | | | 7. Name and Address of New Registered Agent Name JAULIN, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 4100 NE 2ND AVE #101 City MIAMI FL Zip Code 33137 | | |
| 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 registered agent. | | | | | |
| SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 01/31/2005 | | | | | |
| FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM JAULIN, EDUARDO 3400 HOLLYWOOD BLVD STE. 360 HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JAULIN, EDUARDO 4100 NE 2ND AVE #101 MIAMI, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| <div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; right: 0; transform: rotate(-15deg); font-size: 2em; font-weight: bold; opacity: 0.5;"> REINSTATEMENT 04-05 </div> </div> | | | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE 01/31/2005 DAYTIME PHONE # | | | | | |