2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # L02000032344 1. Entity Name VAN HOVE INTERNATIONAL, LLC							05 FEB 21	AM I	0: 21			
Principal Plac		Mailing Address	· · · · · · · · · · · · · · · · · · ·			0						
4100 NE 2ND AVENUE STE. 101 4100 NE 2ND AVENUE S' MIAMI, FL 33137 MIAMI, FL 33137			STE. 10)1			COND ITEM COMI BEAN BUNI DI		EN CURI CENTI UTEO	ETI IN ITEL		
2. Principal P	lace of Business	3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			•	01102005	REIN-LLC	CR2E1	01 (6/04)			
City & State		City & State				4. FEI Number 68-053			<u> </u>	plied For Applicable		
Zip	Country	Zip	Count	try		· ········	of Status Desired		5.00 Add	itional		
	6. Name and Address of Current R	eglatered Agent				7. Name and	Address of New Reg	istered A	gent			
JAULIN, ECLUZRDO					Name JAULIN, EDUARDO							
4100 NÉ 2ND. AVE. #102 MIAMI, FL 33137				Street Ad	Idress (I	P.O. Box Numb	er is Not Acceptable)	#	101			
				City 77	iA	່ກ _ເ		FL	Zip Code	4.1		
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 Signature, typed or program-new-of-regulatived agent and take if applicable. (NOTE: Registered Agent algorithms required when releastations) DATE												
FILE NOWIII FEE IS \$100.00 In accordance with s. 6 liability company did no				93(2)(b), F	.S., th	e limited			yable to nt of State			
9.	MANAGING MEMBER	S/MANAGERS	10.				ADDITIONS/CI	HANGES				
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11. I hereby certify that the information supplied with this filling 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: 01/J1/2005												
SIGNATURE AND TYPED OR PRINTED WARE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #												
E. Jania												
		MG-RS).										