

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 NOV -5 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000034360

Name and Mailing Address

0005688 01 AT 0.292 \*\*AUTO T3 0 0615 33126-192909



INTERNATIONAL COMMUNICATIONS INVESTMENTS, LLC  
7270 NW 12TH STREET  
PENTHOUSE 9  
MIAMI FL 33126-1929



CR2E084 (7/03)

2. New Mailing Address <b>1000 BRICKELL AVENUE, SUITE NO. 215</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>MIAMI, FL 33131</b>		5. Date Organized or Qualified To Do Business in Florida <b>12/20/2002</b>	
Principal Place of Business <b>7270 NW 12TH STREET PENTHOUSE 9 MIAMI FL 33126</b>	3. New Principal Place of Business Address <b>1000 BRICKELL AVE. # 215</b>	6. FEI Number <b>41-2080303</b>	Applied For <input type="checkbox"/> Not Applicable
City, State, Zip <b>MIAMI, FL 33131</b>		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 <b>RICARDO A. GONZALEZ &amp; ASSOCIATES, P.A. 7270 NW 12TH STREET PENTHOUSE 9 MIAMI FL 33126</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>500024459195</b> City <b>11/05/03 01075 001 **150-00 FL</b> zip code	
---	--	--	--

10. 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 **10/22/03**

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<b>PRES.</b>	<b>ALBERTO ESCALONA</b>	<b>1000 BRICKELL AVE. # 215</b>	<b>MIAMI, FL 33131</b>
<b>MANGR.</b>	<b>LUIS FERNANDO ALCALA VALLEJO</b>	<b>1000 BRICKELL AVE. # 215</b>	<b>MIAMI, FL 33131</b>

**REINSTATEMENT**

**03**  
**dec**

12. 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]** **SIGNATURE REQUIRED** Date **10/22/03** Daytime Phone **(305) 329-2560**

Typed or printed name of signing Managing Member/Manager **ALBERTO ESCALONA**