

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 28 AM 9:36

DOCUMENT # L03000007171

1. Limited Liability Company's Name

Internava Group, LLC.

2. Principal Office Address

5900 Collins Ave.

Suite, Apt. #, etc.

1405

City & State

Miami Beach, FL.

Zip

33140

Country

USA

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

Feb 27, 2003

6. FEI Number

42-1578147

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

Alberto Navarro

Street Address (P.O. Box Number is Not Acceptable)

5900 Collins Ave. 1

Suite, Apt. #, Etc.

1405

City

Miami Beach, FL.

State

FL

Zip Code

33140

REINSTATEMENT 04-05

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

REGISTERED AGENT MUST SIGN

Date Feb 25, 2005

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
Principal	Alberto Navarro	5900 Collins Ave. 1405	Miami Beach, FL. 33140

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

Date Feb 25/05 Daytime Phone # (786) 546 0440

Typed or printed name of signing Managing Member/Manager Alberto Navarro

CR2E041 (10/02)