


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L-03000008185</u>			
1. Limited Liability Company's Name <u>EOD International</u>			
2. Principal Office Address <u>169 E FLAGLER ST</u> Suite, Apt. #, etc. <u>1701</u> City & State <u>Miami FL</u> Zip <u>33131</u> Country <u>USA</u>		3. Mailing Office Address <u>169 E FLAGLER ST</u> Suite, Apt. #, etc. <u>1701</u> City & State <u>Miami FL</u> Zip <u>33131</u> Country <u>USA</u>	

4. State/Country of Formation <u>FL, USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>MARCH '03</u>	
6. FEI Number <u>13-4247488</u>	Applied For <input type="checkbox"/> 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>Daniel Minkowitz</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>169 E FLAGLER ST</u>	
Suite, Apt. #, Etc. <u>1701</u>	
City <u>Miami FL</u>	State <u>FL</u> Zip Code <u>33131</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 <u>[Signature]</u>	Date <u>11/15/04</u>
REGISTERED AGENT MUST SIGN	

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>PRES</u>	<u>Daniel Minkowitz</u>	<u>169 E FLAGLER ST</u>	<u>Miami, FL 33131</u>

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 <u>[Signature]</u>	Date <u>11/15/04</u>	Daytime Phone # <u>305-3730037</u>
Typed or printed name of signing Managing Member/Manager		

CR2E041 (10/02)