

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 NOV 22 AM 10:14

DOCUMENT # L03000010354

1. Limited Liability Company's Name

IT PRO LLC

800061605038
11/22/05--01005--005 **100.00

CR2E041 (8/05)

2. Principal Office Address
9070 KIMBERLY BLVD

Suite, Apt. #, etc.
27-147

City & State
BOCA RATON

Zip
33434

Country
PALM BEACH

3. Mailing Office Address
9070 KIMBERLY BLVD

Suite, Apt. #, etc.
27-147

City & State
BOCA RATON

Zip
33434

Country
PALM BEACH

4. State/Country of Formation
FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida** MARCH 24, 2003

6. FEI Number
01-0776035

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
EDIVALDO A FONTES

Street Address (P.O. Box Number is Not Acceptable)
9235 EDMONT LN

Suite, Apt. #, Etc.

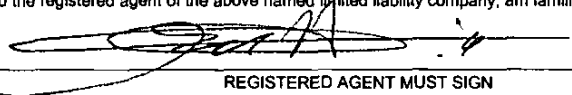
City
BOCA RATON

State
FL

Zip Code
33434

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

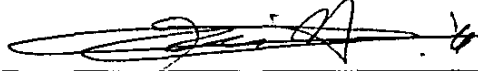
Date 11/16/2005

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
MGR	EDIVALDO A FONTES	9235 EDMONT LN	BOCA RATON, FL 33434
MGRM	FRANCINEYLA C FONTES	9235 EDMONT LN	BOCA RATON, FL 33434

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 11/16/2005

Daytime Phone # 561-756-3670

Typed or printed name of signing Managing Member/Manager

November 16, 2005

IT PRO LLC
L03000010354
9070 Kimberly Blvd Suite 27-147
Boca Raton, FL

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

We would like to inform you that we were not aware of the dissolution of our corporation, and we did not receive a notice of dissolution. We have made changes in our managing group, and we will to be more careful to file our annual report from now on, eliminating this way any further implications. Please, waive the reinstatement fee.

New business address: 9070 Kimberly Blvd Suite 27-147
Boca Raton, FL 33434

Sincerely,



E. A. Fontes
Manager