

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000012193

1. Limited Liability Company's Name
MKSUR, LLC

2. Principal Office Address - No P.O. Box #
235 NW 59 STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip Country
33127 USA

3. Mailing Office Address
235 NW 59 STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip Country
33127 USA

8. Name and Address of Current Registered Agent

Name
OSCAR A. BECERRA

Street Address (P.O. Box Number is Not Acceptable)
10241 SW 84 COURT

Suite, Apt. #, Etc.

City State Zip Code
MIAMI FL 33156

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
[Signature]
REGISTERED AGENT MUST SIGN

Date 9-11-07

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
MGRM	AGUSTIN RAFFO	GUEVARA 1480/82	BUENOS AIRES, CP ARGENTINA
MGRM	ANA LIA MONFAZANI	GUEVARA 1480/82	BUENOS AIRES, ARGENTINA

REINSTATEMENT 05-07

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
[Signature] Date 9-13-07 Daytime Phone # 305-338-7187

Typed or printed name of signing Managing Member/Manager ANA LIA MONFAZANI

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
70010978947
09/21/07--01054--002 **250.00

CR2E041 (1/07)

4. State/Country of Formation
FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida
04-03-2003

6. FEI Number
20-0015833 Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.