

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L03000012588

1. Limited Liability Company's Name

INTERNATIONAL ONLINE BUSINESS AND SERVICES, LLC

900065074889
02/02/06--01020--001 **250.00

CR2E041 (8/05)

2. Principal Office Address

780 NW 42 AVE

3. Mailing Office Address

Suite, Apt. #, etc.

STE 516

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip

33126

Country

US

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ 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

AURELIO A PIEDRA CPA

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

780 NW LEJEUNE RD

Suite, Apt. #, Etc.

STE 516

City

MIAMI

State

FL

Zip Code

33126

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

Date 1-10-06

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
MGRM	PFENNIGSCHMIDT, BERNHARD	780 NW 42 AVE STE 516	MIAMI, FL. 33126

REINSTATEMENT 04-06

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 1-10-06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager