

250.00
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000025890

1. Limited Liability Company's Name
Merkanet Publishing, LLC

2. Principal Office Address <u>9521 S.W. 103 St</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Miami, Florida</u>		City & State	
Zip <u>33176</u>	Country <u>USA</u>	Zip	Country

4. State/Country of Formation <u>Florida, U.S.A.</u>	
5. Date Organized or Qualified To Do Business in Florida <u>2/20/03</u>	
6. FEI Number <u>20-0122095</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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>Eduardo A. Guernica, CPA</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>7200 N.W. 19 St. # 301</u>		
Suite, Apt. #, Etc.		
City <u>Miami</u>	State <u>FL</u>	Zip Code <u>33126</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 [Signature] Date 4/28/06

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	Juan Pablo De Villanueva	9521 S.W. 103 St.	Miami, FL 33176
MGRM	Dominick Cursio Flores	9521 S.W. 103 St.	Miami, FL 33176
MGRM	FRUCTUOSO VERDESA	9521 SW 103 ST	Miami, FL 33176
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 filling 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 4/28/06 Daytime Phone # 305-308-9972

Typed or printed name of signing Managing Member/Manager