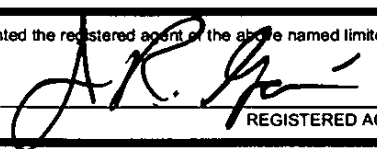
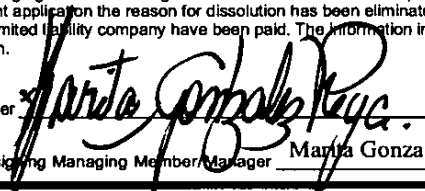


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2006 FEB 15 PM 3:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA 00006203051 02/10/06--01049--003 **250.00 CR2E041 (8/05)	
DOCUMENT # L03000029069					
1. Limited Liability Company's Name Magove International Holdings, LLC					
2. Principal Office Address 800 Douglas Road Suite, Apt. #, etc. Suite 105 City & State Coral Gables, Florida Zip 33134		3. Mailing Office Address 800 Douglas Road Suite, Apt. #, etc. Suite 105 City & State Coral Gables, Florida Zip 33134		4. State/Country of Formation Florida /US 5. Date Organized or Qualified To Do Business in Florida 8/06/2003 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 Juan R. Garcia Street Address (P.O. Box Number is Not Acceptable) 800 Douglas Road Suite, Apt. #, Etc. Suite 105 City Coral Gables State FL Zip Code 33134					
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 <u>2/13/06</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		
Pres	Marita Gonzalez Vega	100 Mtrs Sur Oeste, Porton Colegio Sion, <i>Costa Rica</i>	San Jose, Costa Rica		
V-Pres	Jorge Acosta Gonzalez	100 Mtrs Sur Oeste, Porton Colegio Sion, <i>Costa Rica</i>	San Jose, Costa Rica		
V-Pres	Luis D. Acosta Gonzalez	100 Mtrs Sur Oeste, Porton Colegio Sion, <i>Costa Rica</i>	San Jose, Costa Rica		
REINSTATEMENT 2004-2006					
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 <u>2/13/06</u> Daytime Phone # <u>506 479-9013</u> Typed or printed name of signing Managing Member/Manager <u>Marita Gonzalez Vega</u>					