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

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CR2E041 (8/05)

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1. Limited Liability Company's Name

Magove International Holdings, LLC

04

2. Principal Office Address		**3.** Mailing Office Address	
800 Douglas Road		800 Douglas Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 105		Suite 105	
City & State		City & State	
Coral Gables, Florida		Coral Gables, Florida	
Zip	Country	Zip	Country
33134	US	33134	US

4. State/Country of Formation: Florida /US

5. Date Organized or Qualified To Do Business in Florida: 8/06/2003

6. FEI Number: [X] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $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: J.R. Garcia — REGISTERED AGENT MUST SIGN — Date: 2/13/06

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, Casa 25	San Jose, Costa Rica
V-Pres	Jorge Acosta Gonzalez	100 Mtrs Sur Oeste, Porton Colegio Sion, Casa 25	San Jose, Costa Rica
V-Pres	Luis D. Acosta Gonzalez	100 Mtrs Sur Oeste, Porton Colegio Sion, Casa 25	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: Marita Gonzalez Vega — Date: 2/13/06 — Daytime Phone #: 506 479-9013

Typed or printed name of signing Managing Member/Manager: Marita Gonzalez Vega