

**2008 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

2008 DEC -4 PM 4: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11172008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L03000034267			
1. Entity Name REED EXHIBITIONS LATIN AMERICA, LLC			
Principal Place of Business 104 CRANDON BOULEVARD SUITE#323 KEY BISCAIYNE, FL 33149 US		Mailing Address 104 CRANDON BOULEVARD SUITE#323 KEY BISCAIYNE, FL 33149 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2 NEWTON PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 350	
City & State		City & State NEWTON, MA	
Zip	Country	Zip	Country
		02458	
4. FEI Number 56-2403764		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CUEVAS, ANDREW ESQ CUEVAS & ORTIZ, P.A. 536 BILTMORE WAY CORAL GABLES, FL 33134		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **11/24/2008**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIBERTI, MARCO A <input checked="" type="checkbox"/> Delete 104 CRANDON BOULEVARD, SUITE #323 KEY BISCAIYNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300138347295 12/01/08--01075--001 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete REED EXHIBITIONS ADIVISIONOF REED ELSEVIER 383 MAIN AVENUE NORWALK, CT 06851	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE **11/18/2008** DAYTIME PHONE # **(617) 630-2205**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**RUBI INIGUEZ, V.P. TAX
REED ELSEVIER INC.**