


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L03000034352</b> 1. Limited Liability Company's Name <b>INTERNATIONAL TECH TRADING LLC</b>			
2. Principal Office Address - No P.O. Box # <b>20330 NE 34TH CT</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>20330 NE 34TH CT</b> Suite, Apt. #, etc.	
City & State <b>AVENTURA, FL</b>		City & State <b>AVENTURA, FL</b>	
Zip <b>33180</b>	Country <b>Miami-Dade</b>	Zip <b>33180</b>	Country <b>Miami-Dade</b>
4. State/Country of Formation <b>Florida</b>		5. Date Organized or Qualified To Do Business in Florida <b>09/10/2003</b>	
6. FEI Number <b>20-0215452</b>		Applied For <input type="checkbox"/> Not Applicable	
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 <b>IVAN CHEBAUX</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>20330 NE 34TH CT</b>			
Suite, Apt. #, Etc.			
City <b>AVENTURA</b>		State <b>FL</b>	Zip Code <b>33180</b>
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 <i>Lydia Lott</i>		<b>IVAN CHEBAUX by Lydia Lott</b> Date <b>03/25/2008</b>	
REGISTERED AGENT MUST SIGN <b>as attorney in fact</b>			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	IVAN CHEBAUX	20330 NE 34TH CT	AVENTURA, FL 33180
<b>REINSTATEMENT 2005-2008</b>			
700121259397 03/25/08 01001 012 ***555.10			
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 <i>Lydia Lott</i>		Date <b>03/25/2008</b> Daytime Phone # <b>305-375-0066</b>	
Typed or printed name of signing Managing Member/Manager <b>IVAN CHEBAUX by Lydia Lott as attorney in fact</b>			

FILED  
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 CR2E041 (1/2005)

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