


2004\$
**2005 LIMITED LIABILITY COMPANY
 REINSTATEMENT**

DOCUMENT # L03000037952		
1. Entity Name DISFARLAT INT'L, LLC		

Principal Place of Business 7925 NW 12TH ST. #318 MIAMI, FL 33126	Mailing Address 7925 NW 12TH ST. #318 MIAMI, FL 33126
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2. Principal Place of Business 1241 MAJESTY TERRACE	3. Mailing Address 1241 MAJESTY TERRACE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State WESTON, FL	City & State WESTON, FL
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Zip 33327	Country USA	Zip 33327	Country USA
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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COBOS, PEDRO F 7925 NW 12TH ST. #318 MIAMI, FL 33126	Name PEDRO F. COBOS
	Street Address (P.O. Box Number is Not Acceptable) 1241 MAJESTY TERRACE
	City WESTON
	FL Zip Code 33327

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$100.00	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COBOS, PEDRO F 7925 NW 12TH ST. #318 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEDRO F COBOS 1241 MAJESTY TERRACE WESTON, FL 33327 <input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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: _____ **02-07-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
 2005 MAY -2 PM 12: 57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01102005 REIN-LLC CR2E101 (6/04)

4. FEI Number APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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 05/20/05--01003--006 **100.00