

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 15 PM 3:32

DOCUMENT # L03000041836

1. Limited Liability Company's Name  
ARGENTO LLC

2. Principal Office Address  
c/o 1492 S. Miami Ave.

3. Mailing Office Address  
c/o 1492 S. Miami Ave.

Suite, Apt. #, etc.  
Suite 203

Suite, Apt. #, etc.  
Suite 203

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip  
33130

Country

Zip  
33130

Country

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida 10/29/03

6. FEI Number  
20-1867284

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  
INAKI SAIZARBITORIA, ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
1492 S. Miami Ave.

Suite, Apt. #, Etc.  
Suite 203

City  
Miami

State  
FL

Zip Code  
33130

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  
*Inaki Saizarbitoria*  
REGISTERED AGENT MUST SIGN

Date 11/11/04

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
MGRM	LUCIANO A. COTUMACCIO	C/O 1492 S. Miami Ave., Suite 203	Miami, Florida 33130

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  
*[Signature]*

Date 11-11-04 Daytime Phone# 305-530-0007

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)