

H06000154508 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L04000055495

1. Limited Liability Company's Name

INTERNATIONAL ALLIANCE RESOURCES LLC

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CR2E041 (8/05)

2. Principal Office Address

100 SOUTH POINT DRIVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

1103

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

Zip

33139

Country

Zip

Country

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

07/27/2004

6. FEI Number

201523941

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

ADVICE CONSULTING CORP

Street Address (P.O. Box Number is Not Acceptable)

1508 BAY ROAD

Suite, Apt. #, Etc.

1237

City

MIAMI BEACH

State

FL

Zip Code

33139

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

Freddy Sidi

Date 06/08/06

REGISTERED AGENT MUST SIGN

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	SIDI, FREDDY	100 SOUTH POINT DR #1103	MIAMI BEACH, FL
			33139

REINSTATEMENT 2005-2006

DB

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

Date 06/08/06 Daytime Phone #

Typed or printed name of signing Managing Member/Manager Freddy Sidi

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DIVISION OF CORPORATION

Florida Department of State
Division of Corporations
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Counte

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Division of Corporations
Fax Number : (850)205-0383

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Account Name : FAS-T CORP. AGENTS, INC.
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Phone : (305)599-0839
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LIMITED LIABILITY REINSTATEMENT
INTERNATIONAL ALLIANCE RESOURCES LLC

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