

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

06 NOV - 7 PM 4:40

DOCUMENT # L04000059549

1. Limited Liability Company's Name

CONNECT ENTERPRISES LLC

2. Principal Office Address

1609 NW 84TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1609 NW 84TH AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip
33126

Country
USA

City & State

MIAMI, FLORIDA

Zip
33126

Country
USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

08/11/2004

6. FEI Number

80-0121848

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

TAX HOUSE CORPORATION

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

1261 E SAMPLE ROAD

4000081596064

11/07/06--01056--025 **200.00

Suite, Apt. #, Etc.

City
POMPANO BEACH

State
FL Zip Code
33064

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

Date 10/09/2006

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
MGR	ROBERTO CARLOS B TEIXEIRA	1609 NW 84TH AVE	MIAMI, FL 33126

REINSTATEMENT 2005-06

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 28/10/2006 Daytime Phone # 561-988-7285

Typed or printed name of signing Managing Member/Manager

ROBERTO CARLOS B TEIXEIRA