

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

CR2E041 (8/05)

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		City & State MIAMI, FLORIDA	
Zip 33126	Country USA	Zip 33126	Country USA

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 <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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
TAX HOUSE CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
1261 E SAMPLE ROAD

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 BRANCO TEIXEIRA