PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 JAN 13 PM 3:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000011085

1. Limited Liability Company's Name

THE INTERNATIONAL GROUP, LLC

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11890 SW 8 ST.	Same
Suite Apt # etc: STE 503	Suite Apt # etc:
City & State: Miami FL	City & State:
Zip: 33184 Country:	Zip: Country:

4. State/Country of Formation:

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 14-1992764 ☐ 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: DANIEL ESPINOZA

Street Address (P.O. Box Number is Not Acceptable): 11890 SW 8 ST.

Suite, Apt. #, Etc: STE 503

City: Miami State: FL Zip Code: 33184

E-mail Address:

000255582710
01/14/14--01001--016 **783.75

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 01-09-14

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	DANIEL ESPINOZA	11890 SW 8 ST. 503	Miami FL 33184
AP	YOLANDA LICEA	11890 SW 8 ST. 503	Miami FL 33184

JAN 13 2014

S. PRATHER

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of $XWKRUL]HG 3HUVRQ _____ Date 01-09-14 Daytime Phone # _____

Typed or printed name of signing Authorized Person