2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000042281 SECKETARY OF STATE DIVISION OF CORPORATIONS MEDÍCAL INTERNATIONAL TRADING, LLC 07 JAN 22 AM 9: 24 Principal Place of Business Mailing Address 1901 BRICKELL AVE., SUITE 2114-B 1901 BRICKELL AVE., SUITE 2114-B MIAMI, FL 33129 MIAMI, FL 33129 3. Mailing Address 1744 ASPENLINE 2. Principal Place of Business 12182006 REIN-LLC CR2E101 (11/05) 4. FEI Number 724117 Applied For City & State City & State Ŭ€570U WESTON Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDUARDO YESPICA SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR 1744 ASPEN LANE MIAMI, FL 33145 WESTON 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of FILE NOW!!! FEE IS \$150.00 Make check payable to After January 1, 2007, Fee will be \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR Delete TITLE Change Change Addition YESPICA COURTED 1744 ASPEN LANE LUESTON FLOOSIOS 33327 YESPICA, EDUARDO NAME NAME 1901 BRICKELL AVE., SUITE 2114-B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP TITLE ST Addition ☐ Delete TITLE ESPICA EDUARDO YESPICA, EDUARDO NAME NAME STREET ADDRESS 1901 BRICKELL AVE., SUITE 2114-B STREET ADDRESS YYASDEN LANE GRIDA 33327 CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME **700086236087** 01/25/07--01042--010 **200.00 STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TETI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: