PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE MALAMASSEE. RORIDA INTEROP PROMOTIONS INTEROP	COMPANY REINSTATEMENT LIMITED LIABILITY Secretary of State DIVISION OF CORPORATIONS								FILED 07 NOV 20 PM 1:36	
2. Principal Office Address - No P.O. Box # 1 1610 NW 128TH DRIVE 3. Mailing Office Address 1610 NW 128TH DRIVE 5. Substitute 5. Subst	1 0 3 0 0 0 0 3 0 0 1 0							SECRETARY OF STATE FALLAHASSEE, FLORIDA		
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212 212 5. Date Organizate of Country A State SUNRISE, FL SUNRISE,	1610 NW 128TH DRIVE 1610 N							fľökii	nty of Formation	
City & State SUNRISE, FL SUNRISE 8. Name and Address of Current Registered Agent State Address of Current Registered Agent State Address of Current Registered Agent Sunrise, Fl Sunrise Sunrise, Fl Sunrise Sunrise, Fl Sunrise Sunri	Surte, Apt. #, etc. Surte, Apt. #, 212				etc.					
33323 UNSA 33323 COUNTY 8. Name and Address of Current Registered Agent Managing Member/Manager Managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further cently that when disting this strictstament application the rescitor to the street of the supplied for in chapter 608, F.S. I further cently that when disting this refrictation or the rescent or trustee empowered to execute this application as provided for in chapter 608, F.S. I further cently that when disting this refrictation or the rescitor that the managing member/manager or the resceiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further cently that when disting this refrictationer application the reason for dissolution has been eliminated, the limited liability company rarner satisfies the regulatore as at final de under cently. 11. Locatify that I am managing member/manager or the resceiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further cently that when disting this refrictationer application the reason for dissolution has been eliminated, the limited liability company rarner satisfies the requirements of section 608, 408, F.S. In the recently that when disting this refrictationer application to the section 608, 408, F.S. In the recently that when disting this refrictationer application to the section 608, 408, F.S. In the recently that when disting this refrictationer application to the section 608, 408, F.S. In the recently that when disting this refrictation and application the treation of the section 608, 408, F.S. In the recently that when disting this refrictation of application the response to the same legal effect as if made under cently.	City & State SUNF	RISE, F					SABNUM Applied For			
### Story Report No. Part No. Part No. Part No. ### Story Report No. Part No. ### Story Report No. Part No. ### Story Report No.	^{Zip} 3332	Zip Country Zip USA		^{Zip} 33323	323		SA	7. \$5.00 Additional Fee required		
SUNRISE State Sta	8. Name and Address of Current Registered Agent									
receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived. SUNRISE State FL 33323 9. 1, being appointed the registered agent of the above rapped limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Memberu/Managers Titles Managing Member Managers Name of Managing Member Managers Name of Managing Member Managers Titles MGR ERIC A. KERN 1610 NW 128TH DR, APT 212 SUNRISE, FL 33323 MGR GIOVANNI ESTEVES 1610 NW 128TH DR, APT 212 SUNRISE, FL 33323 RESISTATE 11. Lordfly 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 all files 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 making the milited 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 making Member/Manager 10/24/2007 Date 11. Lordfly that I am managing member/manager or the receiver or trustee empowered to execute this application is true and accurate, and my signature shall have the same legal effect as if making Member/Manager Date 10/24/2007 Daytime Phone #954-636-6050	置常IC A. KERN							in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100		
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