PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV 20 AM 10:25

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000058052

600112599956
11/27/07--01023--005 **100.00

CR2E041 (1/07)

1. Limited Liability Company's Name
Asesores Internationales de Venezuela LLC

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
1110 Brickell Ave.	Same.
Suite, Apt. #, etc.: Suite 430 K5	Suite, Apt. #, etc.:
City & State: Miami FL	City & State:
Zip: 33131 Country:	Zip: Country:

4. State/Country of Formation: USA.

5. Date Organized or Qualified To Do Business in Florida: 6/13/05

6. FEI Number: [X] 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: Cesar Naranjo
Street Address (P.O. Box Number is Not Acceptable): 1110 Brickell Ave.
Suite, Apt. #, Etc.: Suite 430 K5
City: Miami State: FL Zip Code: 33131

[X] A $100 reinstatement fee is imposed, except 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 reinstatement be waived.

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 11/19/07.
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	Cesar Naranjo	1110 Brickell Ave #430 K5	Miami, FL 33131
mgrm	Pilar Castrillo	1110 Brickell Ave. #430 K5	Miami, FL 33131
mgrm	Silvia Chetrit	1110 Brickell Ave #430 K5	Miami, FL 33131

REINSTATEMENT 2006-07

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. 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 11/19/07 Daytime Phone # 786-333-5198.

Typed or printed name of signing Managing Member/Manager Cesar Naranjo

2 of 2

Charter Number Only

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV 20 AM 10:25

RECEIVED
07 NOV 20 AM 10:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11/19/07 EVY

Requestor's Name: Atlantic

Address

City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

Asesores Internationals de Venezuela LLC
L05000058056

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement LLC ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (R8-85)