

**2009 LIMITED LIABILITY COMPANY
REINSTATEMENT**


FILED

2009 APR -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000069696

1. Entity Name
INTEGRAR, LLC



Principal Place of Business
**2001 BISCAYNE BLVD
STE 2318
MIAMI, FL 33137 US**

Mailing Address
**601 BRICKELL KEY DRIVE
700
MIAMI, FL 33131 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
**2001 BISCAYNE BLVD
SUITE 2318**

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33137

Country
US



03252009 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-3172356

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JEFFREY E. CAMPION, P.A. 1730 MAIN ST. 216 WESTON, FL 33326	Name DIEGO BARASSI
	Street Address (P.O. Box Number is Not Acceptable) 2001 BISCAYNE BLVD, STE 2318
	City MIAMI State FL Zip Code 33137

8. The above named entry 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: *[Signature]* DATE: **3-26-2009**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MGR	PEREZ, VIOLETA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2001 BISCAYNE BLVD STE 2318		000149619650
CITY-ST-ZIP	MIAMI, FL 33137		04/13/09--01005--012 **277.50
MGR	BARASSI, DIEGO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2001 BISCAYNE BLVD STE 2318		
CITY-ST-ZIP	MIAMI, FL 33137		
MGR	LETTIERI MASSETTA, GERMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2001 BISCAYNE BLVD STE 2318		
CITY-ST-ZIP	MIAMI, FL 33137		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

REINSTATEMENT 08-02-AL

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: *[Signature]* DATE: **3-26-2009** **305-218-5349**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE