

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 05000119225

1. Limited Liability Company's Name

DE International

CR2E041 (8/05)

2. Principal Office Address

7757 West Flagler Street

Suite, Apt. #, etc.

200

City & State

Miami, FL

Zip

33144

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

12/14/05

6. FEI Number

35-2286322

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

Jason Dodds

Street Address (P.O. Box Number is Not Acceptable)

7757 West Flagler Street

Suite, Apt. #, Etc.

200

City

Miami

State

FL

Zip Code

33144

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

Jason Dodds

REGISTERED AGENT MUST SIGN

Date

1/5/07

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
President	Jason Dodds	7757 West Flagler St., Suite 200	Miami / FL / 33144
			800085019108
			01/18/07--01039--014 **205.00
			06-07

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. 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 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

Jason Dodds

Date

1/5/07

Daytime Phone #

(305) 528-4401

Typed or printed name of signing Managing Member/Manager

Jason Dodds