

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2009 NOV 16 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/04/09--01035--004 **477.50

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L06000014225
1. Limited Liability Company's Name
 VIAR INTERNATIONAL, LLC

2. Principal Office Address - No P.O. Box # 1001 BRICKELL BAY DRIVE		3. Mailing Office Address 2123 CORAL WAY	
Suite, Apt. #, etc. 2310		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State CORAL GABLES, FL	
Zip 33131	Country MIAMI DADE	Zip 33145	Country MIAMI DADE

4. State/Country of Formation	FLORIDA
5. Date Organized or Qualified To Do Business in Florida	02/08/2006
6. FEI Number 33-1133539	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
ERICK J. FUGUET

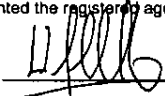
Street Address (P.O. Box Number is Not Acceptable)
1001 BRICKELL BAY DRIVE

Suite, Apt. #, Etc.
2310

City MIAMI	State FL	Zip Code 33131
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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 10/30/2009

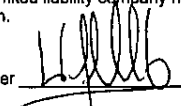
REGISTERED AGENT MUST SIGN

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	ERICK J. FUGUET	1001 BRICKELL BAY DR, # 2310	MIAMI, FL 33131

REINSTATEMENT 08-09-AL

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  Date 10/30/2009 Daytime Phone # 305-859-7303

Typed or printed name of signing Managing Member/Manager ERICK J. FUGUET - MGR