


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 JAN 23 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000032742 1. Entity Name COLINEAL INTERNATIONAL, LLC			
Principal Place of Business 3144 WEST 81ST STREET HIALEAH GARDENS MIAMI, FL 33018		Mailing Address 3144 WEST 81ST STREET HIALEAH GARDENS MIAMI, FL 33018	
2. Principal Place of Business - No P.O. Box # 5201 BLUE LAGOON DRIVE Suite, Apt. #, etc. SUITE 800 City & State MIAMI, FL Zip 33126		3. Mailing Address 5201 BLUE LAGOON DRIVE Suite, Apt. #, etc. SUITE 800 City & State MIAMI, FL Zip 33126	
4. FEI Number 01112008		REIN-LLC CR2E101 (1/07)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. 3RD AVENUE, 28TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 E. Park Avenue City Tallahassee FL Zip Code 32301	
8. The above named entity 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: <u><i>Robert J. Sec.</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE: <u>1-22-08</u>	
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	PD MALDONADO ALVAREZ, ROBERTO <input type="checkbox"/> Delete STREET ADDRESS 5201 BLUE LAGOON DRIVE, SUITE 800 CITY-ST-ZIP MIAMI, FL 33126	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400116457574 01/30/08--01032--013 **277.50
TITLE	ST MALDONADO, CATALINA <input type="checkbox"/> Delete STREET ADDRESS 5201 BLUE LAGOON DRIVE, SUITE 800 CITY-ST-ZIP MIAMI, FL 33126	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Catalina Maldonado</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date _____ Daytime Phone # _____	

REINSTATEMENT 2007-2008