

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT 30 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10222007 REIN-LLC CR2E101 (1/07)

<b>DOCUMENT # L06000055302</b> 1. Entity Name <b>INTERNATIONAL INVESTMENTS LLC</b>					
Principal Place of Business <b>1717 N. BAYSHORE DR PH 4140 MIAMI, 33132</b>			Mailing Address <b>1717 N. BAYSHORE DR PH 4140 MIAMI, 33132</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent  <b>STEWART, WAYNE 1717 N. BAYSHORE DR PH 4140 MIAMI, FL 33132</b>		
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code			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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.		
<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR STEWART, WAYNE 1717 N. BAYSHORE DRIVE # 4140 MIAMI, FL 33132</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <b>10/23/07</b> Daytime Phone #: <b>(305) 4206922</b>		

REINSTATEMENT