PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STA Secretary of State DIVISION OF CORPORATIONS	08 JAN 29 PM 3: 29
DOCUMENT # L0600056606 1. Limited Liability Company's Name		SECRETARY OF STATE
REALIS INTERNATIONAL	L, LLC	CR2E041 (12/07)
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	
1419 Summit Run Circle	1419 Summit Run Circle	4. State/Country of Formation Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Date Organized or Qualified To Do Business in Florida 06/01/2006
City & State	City & State	6. FEI Number Applied For
West Palm Beach, Florida	West Palm Beach, Florida	22-3933353 Not Applicable
Zip Country	Zip Country	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee require for a Certificate of Status
	of Current Registered Agent	
Name SPIEGEL & UTRERA, P.A.		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not
Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22nd Street		receive the prior notices. By checking this box, you are certifying the prior notices were
Suite, Apt. #, Etc. 4th Floor		not received and requesting the \$100 reinstatement be waived.
City Miami	State Zip Code FL 33145	
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. SPIEGEL & UTRERA, P Signature of Registered Agent By: Date 1-9-D Natalia Utrera, Vice President REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manag	Street Address of Managing Member	of Each r/Manager City / State / Zip
MGR Prettel, Mauricio	1419 Summit Run Circ	West Palm Beach, Florida 33415
MGR Pretel, Juan Manuel	1419 Summit Run Circ	cle West Palm Beach, Florida 33415
		02/20/080008006 **88,55
	REINSTATE	:MENI 2007-2008
		500118414055 02/20/0801008007 **188.95
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 the application is true and accurate, and my signature shall have the same legal effect signature of Managing Member/Manager Date Date Date Daytime Phone #		

Typed or printed name of signing Managing Member/Manager