## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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ICB 1810	, LLC					9	SECRETA	ARY OF STATE	
					Ser Ser	<b>'</b>   ,	TALLAHA	SSEE FLORIDA	4
Principal Plac	e of Busines:	s	Mailing Address 7	tiano	38,2° P	anta			
C/O TITANIO 38, SEGUNDA PLANTA C/O JOSE LUIS DIEZ									
POLIGONO INDUSTRIAL SAN CRISTOBAL			POLIGONO INDUSTRIAL SAN CRISTOBAL						
47012 VALL	Adolid, Sp	AIN,	47012 VALLADOL	D, Spain,			I GRUG RUM GRUU ARIS HEM	II ZZIM JZGIG ENIZ NGGG MILE Z	
Principal Place of Business - No P.O. Box # 3. Mailing Address					•				
							80116 C117) QQ    \$5111 BB		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			11022007	REIN-LLC	CR2E101 (1/07)	
City & State			City & State			4. FEI Numb	or		oplied For
City & State			City & State			4. 1211441115	81	<u> </u>	ot Applicable
Zip	Zip Country		Zip Co		ntry	5 Certificate	of Status Desired	□ \$5.00 Add	
			<u> </u>		1			Fee Require	ed
	6. Name	and Address of Current	Registered Agent	<del></del>	Name	7. Name and	Address of New R	legistered Agent	
ROBERTS	, DAVID F	ESQ							
1401 BRICKELL AVE, SUITE 500					Street Address	s (P.O. Box Numb	er is Not Acceptable	e)	
MIAMI, FL	33131								
					City		<del></del>	<b>□</b> Zip Cod	le .
					1			FL _	
		y submits this statement fo	r the purpose of changir	g its register	red office or regist	tered agent, or bo	oth, in the State of Flo	orida. I am familiar with,	and accept
signature for the obligations of registered agent.  Signature for the obligations of registered agent.  DAVID F. ROBERTS Afformen at Law 11/2/07									
SIGNATURE	1 20					J ///01	enen at La	11/2/6	
	Signature, typed	or printed name of registered agent:	and title it applicable.	(NOTE: Registe	red Agent signature req	uired when reinstating	) /	DATE /	
	Signature, typed	or printed name of registered agent	and title it applicable.	(NOTE: Registe	red Agent signature req	quired when reinstating		DATE / /	
	LE NOW!!!	FEE IS \$50.00	In accordance v	vith s. 607.	193(2)(b), F.S.,	the limited	Mak	te check payable to	ė
	LE NOW!!!		In accordance v	vith s. 607.	<u>-</u>	the limited	Mak	te check payable to a Department of Stat	e
After Janu	LE N <b>OW!!!</b> ary 1, 2008	FEE IS \$50.00	In accordance v liability compan	vith s. 607. y did not re	193(2)(b), F.S., ceive the prior r	the limited	Mak	Department of Stat	
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9. IIILE NAME STREET ADDRESS	MGRM DE VALD	FEE IS \$50.00 B, Fee will be \$100.00  MANAGING MEMBE DEON VEGAS, JOSE LL TOR VILLACIAN 45-80	In accordance of liability companies.  RS/MANAGERS  Delete  JIS DIEZ	vith s. 607. y did not re	193(2)(b), F.S., ceeive the prior r  LE ME HEET ADDRESS Y-SI-ZIP	the limited notice.	Mak Florida ADDITIONS	Department of State /CHANGES Change	Addition
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE: June 1 Signature and typed or printed when of signing managing member, manager, or authorized representative