PLÉASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
COMPANY REINSTATEMENT COMPANY Secretary of State DIVISION OF CORPORATIONS					, v, U	FILED EC 28 PM 3: 15		
DOCUMENT # L06000120672 1. Limited Liability Company's Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
CONDO INTERNATIONAL HOLDINGS LLC					N	CR2E041 (1/07)		
2. Principal Office Address - 15476 N.W. 77 C		3. Mailing Office 15476 N.V	Office Address I.W. 77 COURT SUITE		V / V			
Suite Apt # etc. #363	Suite, Apt. #, etc. #363	uite, Apt. #, etc. #363			5. Date Organized or Qualified 12/19/2006			
City & State MIAMI LAKE	EQ FI	City & State			To Do Business in Florida 12/19/2006 6. FEI Number			
		MIAMI LAKES FL		33016	Not Applicable			
		ÜSA		33016	CERTIFICATE	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
#363 ^{EC} MIAMI LAKI	, 77°C°C°C°F				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 REGISTERED AGENT MUST SIGN Date								
10. Names and Street Addr		bers/Managers						
	Titles Name of Managing Members/Managers			Street Address of Each Managing Member/Manag	ger	City / State / Zip		
MGR FRANK	GR FRANK MONTERO 15476 N.W. 7				JITE #363	MIAMI LAKES	FL 33016	
MGRM FRANK MONTERO 15476 N.W. 77 COURT S					JITE #363	MIAMI LAKES	FL 33016	
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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								
Signature of Managing Member/Manager Date 12-27-2007 Daytime Phone #								

Typed or printed name of signing Managing Member/Manager _