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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-0925

FILED
08 OCT 15 AM 8:08
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT

MARCOMS INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$238.75

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J. BRYAN
OCT 16 2008
EXAMINER

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2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # L07000029928

1. Entity Name
MARCOMS INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180	18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
111 NE 2ND AVE	111 NE 2ND AVE
Suite, Apt. #, etc.: APT 1803	Suite, Apt. #, etc.: APT 1803
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33132 Country: USA	Zip: 33132 Country: USA

10132008 REIN-LLC CR2E101 (1/07)

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ
18851 NE 29TH AVENUE, STE 900
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name: Agents and Corporations, Inc.
Street Address (P.O. Box Number is Not Acceptable):
300 Fifth Avenue South, Suite 101-330
City: Naples, FL Zip Code: 34102

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: [signature] 10/15/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $238.75
After January 1, 2009, Fee will be $377.50

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BENITES, MARIO 18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BENITES, MARIO 111 NE 2ND AVE, APT 1803 MIAMI, FL 33132 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BENITES, JUAN 18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BENITES, JUAN 111 NE 2ND AVE, APT 1803 MIAMI, FL 33132 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BENITES, GERMAN 18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BENITES, GERMAN 111 NE 2ND AVE, APT 1803 MIAMI, FL 33132 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2008

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: [signature] MARIO BENITES 15-OCT-2008
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #