

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 DEC -9 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L07000073673 1. Entity Name OVERART INTERNATIONAL, LLC			
Principal Place of Business 2600 S. DOUGLAS RD PH-6 CORAL GABLES, FL 33134		Mailing Address 2600 S. DOUGLAS RD PH-6 CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box # 2893 EXECUTIVE PARK DR Suite, Apt. #, etc. SUITE 304		3. Mailing Address 2893 EXECUTIVE PARK DR Suite, Apt. #, etc. SUITE 304	
City & State Weston, Florida Zip 33331		City & State Weston, Florida Zip 33331	
Country USA		Country USA	
4. FEI Number L07000073673		12042008 REIN-LLC CR2E101 (1/07)	
5. Certificate of Status Desired \$5.00 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PADIAL, JOSE I 2600 S. DOUGLAS RD PH-6 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name KORES CORP Street Address (P.O. Box Number is Not Acceptable) 2893 EXECUTIVE PARK DR SUITE 304 City Weston FL Zip Code 33331	
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 KORES CORP TULIO RODRIGUEZ 12/4/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANTACROCE, FRANCESCO 2600 S. DOUGLAS RD PH-6 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ, MARIA 2600 S. DOUGLAS RD PH-6 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ, MARIA 2600 S. DOUGLAS RD PH-6 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	<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.			
SIGNATURE:		11/24/08 954-988-9946	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	