-PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  COMPANY '  REINSTATEMENT	ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED
DOCUMENT # L. (2000 B2 B36  1. Limited Liability Company's Name  ! NTERNATIONAL MASTER DESIGNS  AND PLANNERS LLC.		14 APR 28 PM 3: 40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
14631 SW 1 + B 5 7. CIRCLE  Suite, Apt #, etc. Sui	Mailing Office Address	FC. 5. Date Organ	try of Formation  U.S.A.  Alized or Qualified ness in Florida  06-17-2012
City & State   MI & MI   F(.   City   Zip   33196   D & DE   Zip   D & DE	& State Country	7.	Applied For Not Applied For Not Applied For In a Certificate of Status
8. Name and Address of Current Registered Agent  Name  MIGVEL DIA2- PER. NA  Street Address (PO Box Number is Not Acceptable)  L4631 SW L48 ST. CIRCLE  Suite, Apt. #, Etc.  City State 3 Zip Code		100E-mail Address 04/08/1401016008 **238.75 1NTERNATIONAL MASTER 0ESIGNS @ G. MAIL.COM	
M14M1  FL 33196 (To be used for future annual report notices)  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  Registered Agent Date			
10. Names and Street Addresses of Managing Members/ Titles Name of Managing Members/ Managers	Street Address of Each	ei Lirole	City / State / Zip
pita oct pro- pita	14 14631 SW 148 ST.	04/2	ンンマン 1035002 **138.75-
APR 2.9.2014 L. SELLERS	REIN	ISTA	TEMENT 2013-
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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.  Signature of Managing  Member/Manager  Date  Date  Daytime Phone # 306-23-2961			