

L9500000623

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 APR 29 AM 8:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA



LIMITED LIABILITY COMPANY REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L9500000623
 1. Limited Liability Company's Name

EXIMPORT L.C.

4/29 2000-2001-2002-2003

200017319082
 04/29/03--01078--002 **300.00

2. Principal Office Address 2250 NW 93RD AVE Suite, Apt. #, etc.		3. Mailing Office Address 2250 NW 93RD AVE Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33172	Country USA	Zip 33172	Country USA

4. State/Country of Formation FLORIDA, USA	
5. Date Organized or Qualified To Do Business in Florida - 8/14/95	
6. FEI Number 65-0604516	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name JAAR, LAURA		
Street Address (P.O. Box Number is Not Acceptable) C/O 2250 NW 93RD AVENUE		
Suite, Apt. #, Etc.		
City MIAMI, FLORIDA	State FL	Zip Code 33172

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 Date 4/2/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JAAR, ROGER	C/O 2250 NW 93RD AVENUE	MIAMI, FLORIDA 33172
MGRM	ALLIEN, DANIEL	449 NW 95TH AVENUE	PLANTATION, FLORIDA 33324

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 Managing Member/Manager Date 4/2/03 Daytime Phone # (307) 597-6267

Typed or printed name of signing Managing Member/Manager _____

CRCE041 (10/02)