

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAR 19 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95000600916

1. Limited Liability Company's Name

MULTI VISIONS

2. Principal Office Address

21218 St. Andrews Blvd

Suite, Apt. #, etc.

158

City & State

Boca Raton, FL

Zip

33433

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

NOV '95

6. FEI Number

59-3349290

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SANDRA IVONUE ZINK (JUST MARRIED. PREVIOUS NAME:
SANDRA IVONUE PEPLINSKI)

Street Address (P.O. Box Number is Not Acceptable)

14775 S.W. 80th Street

Suite, Apt. #, Etc.

600005171726-6

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****205.00 ****205.00

City

MIAMI

State

FL

Zip Code

33193

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 11/10/01

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	Hansruedi Peplinski	Kirchweg 238	Merligen, Switzerland

REINSTATEMENT 01-02-01
dec

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 11/10/01

Daytime Phone # (931) 353-6622

Typed printed name of signing Managing Member/Manager SANDRA IVONUE ZINK

CR2E041 (9/01)