


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
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 98-2000

DOCUMENT # L96-128
 1. Limited Liability Company's Name
 Grupo Interamerica, LC

2. Principal Office Address 19235 U.S. Hwy 41 N Suite, Apt. #, etc.		3. Mailing Office Address same as #2 Suite, Apt. #, etc.	
City & State Lutz, FL		City & State	
Zip 33549	Country Hillsborough	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 1/30/96	
6. FEI Number 59-3376463	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name: Carl Anderson
 Street Address (P.O. Box Number is Not Acceptable): 19235 U.S. Highway 41 North
 Suite, Apt. #, Etc.:
 City: Lutz
 State: FL
 Zip Code: 33549

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 ****250.00 ****250.00

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: *Carl Anderson*
 REGISTERED AGENT MUST SIGN
 Date: 11/20/00

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
Member	Carl Anderson	19235 U.S. Highway 41 N	Lutz, FL 33549
Managing Member	Steven Dorsey	19235 U.S. Highway 41 N	Lutz, FL 33549

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: *Steven Dorsey*
 Date: 11/20/00 Daytime Phone #: 813-949-6251
 Typed or printed name of signing Managing Member/Manager: Steven Dorsey

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