

L97000001418

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 22 AM 11:15

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L97000001418**

UniFinance LC
c/o American Incorporators Ltd.
1220 N. Market Street, Suite 606
Wilmington, DE 19810

1a. Principal Place of Business Address
1220 N. Market St., Suite 606
Wilmington, DE 19801

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified 12/16/1997	3a. State of Formation FL
4. FEI Number <i>Applied For</i>	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent Corporate Creations Enterprises Inc. 4521 PGA Blvd., #211 Palm Beach Gardens, FL 33418	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 9000002861949 City -05/04/99-01059-002 Zip Code *****77,50 FL
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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 _____

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MBR	Euro-Amex Exchange, Inc.	Cuba Ave. & 34th St.,	Panama City 5, Panama
MBR	Saturn Investment Group	Cuba Ave. & 34th St.,	Panama City 5, Panama

REINSTATEMENT

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 *[Signature]* Date *4/21/99* Daytime Phone # *302-421-5752*
Typed or printed name of signing Managing Member/Manager *Attorney-in-Fact of Members*