

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY

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

FILED

00 AUG 15 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company **DOCUMENT # L98000002199**
IMS HOLDINGS, LLC
601 BRICKELL KEY DRIVE, SUITE 705
MIAMI, FLORIDA 33131

1a. Principal Place of Business Address

SAME AS IN NUMBER 1

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

2. Principal Place of Business SAME AS ABOVE		2a. Mailing Address SAME AS ABOVE		3. Date Organized or Qualified 10/09/98		3a. State of Formation FLORIDA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Date of Last Report 10/14/99		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
Zip	Country	Zip	Country				

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

DE LA PENA, VILLANUEVA & BAJANDAS
601 BRICKELL KEY DRIVE, SUITE 705
MIAMI, FLORIDA 33131

Name
CARLOS J. VILLANUEVA
Street Address (P.O. Box Number is Not Acceptable)
75 VALENCIA AVENUE
Suite, Apt. #, etc.
4TH FLOOR
City
CORAL GABLES FL Zip Code
33134

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

Carlos Villanueva

Date 7/31/00

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MM	ISRAEL SALABARRIA	75 VALENCIA AVENUE CORAL GABLES, FL 33134	CORAL GABLES, FL 33134

REINSTATEMENT 99-00

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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

Israel Salabarría

Date 8/14/00

Daytime Phone # 305-377-0812

Typed or printed name of signing Managing Member/Manager ISRAEL SALABARRIA