APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
Division of Corporations

01 MAR 13 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000812

1. Limited Liability Company's Name

INNOVATION TECHNOLOGY PRODUCTS, L.L.C.

REINSTATEMENT 2000 2001

2. Principal Office Address	3. Mailing Office Address
5040 N.W. 7TH STREET	5040 NW 7TH STREET
Suite, Apt. #, etc.: #450	Suite, Apt. #, etc.: #450
City & State: MIAMI FL, 33126	City & State: MIAMI FL, 33126
Zip: 33126 Country: USA	Zip: 33126 Country: USA

4. State/Country of Formation: FLORIDA DADE

5. Date Registered or Qualified To Do Business in Florida: FEBRUARY 12TH, 1999

6. FEI Number: 65-0893399 (Applied For / Not applicable)

7. [redacted]

8. Name and Address of Current Registered Agent

Name: ROGERIO CAVICHIO PERES

Street Address (P.O. Box Number is Not Acceptable): 5040 NW 7TH STREET

Suite, Apt. #, Etc.: #450

City: MIAMI State: FL Zip: 33126

Signature of Registered Agent: [signature] Date: 3/9/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
SECRET	ROGERIO CAVICHIO PERES	RUA PEDRO BADRA 51 APT #92	SAO PAULO BRASIL 04348 090
MANAGER	VIVIANE PALOMBO CONCILIO	RUA PEDRO BADRA 51 APT #92	SAO PAULO BRASIL 04348 090

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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 complies with section 608.408, 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: 3/9/01 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager:

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