2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

_	REINSTA	TEMENT				_				
DOCUMENT # L99000004339										
1. Entity Name										
GREATNET INTERNATIONAL TRADING L.L.C.				(4)						
	<u> </u>									
	e of Business	Mailing Address								
900 E ATLANTIC BLVD #18		900 E ATLANTIC BLVD #18								
POMPANO BEACH, FL 33060		POMPANO BEACH, FL 33060					 			
2. Principal Place of Business		3. Mailing Address			•					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				10072005	REIN-LLC	CR2E101 (6	i/04)	
City & State		City & State				4. FEI Number Applied For 65-0934245 Not Applicable				
Zip	Country	Zip	try		5. Certificate of Status Desired S5.00 Additional Fee Required					
	6. Name and Address of Current I	Registered Agent				7. Name and Address of New Registered Agent				
CORTOPASSI, MARCIO				Name						
900 E ATL #18	ANTIC BLVD	Stree			Address (P.O. Box Number is Not Acceptable)					
	D BEACH, FL 33060									
		City				FL Zip Code				
	named entity submits this statement for	the purpose of changing its re	egistere	ed office or	register	ed agent, or b	oth, in the State of Flo	rida. I am familia	with, a	ind accept
]	ions of registered agent.	* 11,								
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registere		18 2 7 1	ed when reinstating		DATE		
(In appendance with a	607.4		- , , , ,		Make	e check payabl	- 10	
After Janu	LE NOW!!! FEE IS \$50.00 (5) ary 1, 2006, Fee will be \$100.00	In accordance with s. liability company did	not rec	eive the p	r.s., the	e iimitea tice.	Florida	Department of		
9.	MANAGING MEMBE	RS/MANAGERS	10.				ADDITIONS/	CHANGES	2 15/10	.p ************************************
TITLE	MGR	Delete TIT		Ε	:	Change 😞 🗆			Addition	
NAME STREET ADDRESS			NAM							-
CITY-ST-ZIP	900 E ATLANTIC BLVD., STE 18 POMPANO BEACH, FL 33060			ET ADDRESS -ST-ZIP						
TITLE		☐ Delete TIT		· ·	☐ Change			Addition		
NAME CTREET ADDRESS			NAM			. =1	000606	32732		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP			4/0501069-			
TITLE		☐ Delete	TITLE					C)	nange	☐ Addition
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CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE	I				☐ CH	ange	Addition
NAME STREET ADDRESS			NAM	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE	E				CI	nange	Addition
NAME CARRET ADDRESS		\bigcirc	NAM			•			april 1	
STREET ADDRESS CITY-ST-ZIP		/ / ·		ET ADDRESS -ST-ZIP	•		,		- ⊼ 5'	
	certify that the information cumplied with	this filling does not qualify for t			ed in Se	ction 119 07/2	(i) Florida Statutes I	further certify the	t the inf	iormation
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurage and that my fignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trusted empoyered to execute this report as required by Chapter 608, Florida Statutes.										