PLEASE PEAD	ALL INSTRUCTIONS REPRE	CMPLETING THIS FORM.
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS OI JUN 28 PM 2: 03
DOCUMENT # L99- 1. Limited Liability Company's Name MONFORTE INTERN	5194 9/29/00 JATIONAL TRADING U	
2. Principal Office Address [221 Brickell AJewe Suite, Apt. #, etc. Site 1470 City & State Miami - FL Zip Country	3. Mailing Office Address 1221 Brickell Av. Suite, Apt. #, etc. Suik 928 City & State Miami - FL Zip Country	4. State/Country of Formation FLORIDA / USA 5. Date Organized or Qualified To Do Business in Florida AUG ZO, 1999 6. FEI Number Applied For K Not Applicable
33131 USA 33131 USA 7. CERTIFICATE OF STATUS DESIRED 1300 Additional Georgaphical Correct Registered Agent 8. Name and Address of Current Registered Agent Name ANA Lucia Teixeina Cantuania Street Address (P.O. Box Number is Not Acceptable) 1221 Brickell Avewe, Suite 928 Suite, Apt. #, Etc. City Migmi State Zip Code FL 3313\		
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 July 10, 2001 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers		
Managing Mame of Manage	Street Address of Each Managing Member/Managing Member/	City/state/2ip VASSAU, BAMAMAS 3478
REINSTATEME	NT2000-2001	2001 60.00 2001 60.00 CUS 5.00 205,00 Mp
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 filling 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 Date Junto Date Junto Daytime Phone # 507 • 764 • 0506 Typed or printed name of signing Managing Member/Manager Ponfilmanager Juliu Junto Junto Junto Junto Daytime Phone # 507 • 764 • 0506		