

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS  
**L99000005624**

1. DOCUMENT # L99000005624

Name and Mailing Address

03 JAN -2 PM 6:02

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

0007685 01 FP 0.352 \*\*PRSR T3 0 0615 33351-809027



OCCICOM INTERNATIONAL, L.L.C.

10500 NW 50TH STREET, #102

SUNRISE FL 33351-8090

MJH



12 2002

<b>2. New Mailing Address</b> 522 SW 166 Terrace City, State, Zip Weston, FL 33326		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 10500 NW 50TH STREET, #102 SUNRISE FL 33351		<b>5. Date Organized or Qualified To Do Business in Florida</b> 09/08/1999	
<b>3. New Principal Place of Business Address</b> 522 SW 166 Terrace City, State, Zip Weston, FL 33326		<b>6. FEI Number</b> 65-0964577 <b>Applied For</b> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> RODRIGUEZ, TULIO D 10500 N.W. 50TH STREET #102 SUNRISE FL 33351		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name: Tulio Rodriguez Street Address (P.O. Box Number is Not Acceptable): 522 SW 166 Terrace City: Weston FL Zip Code: 33326			
<b>10. 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.</b> Signature of Registered Agent: [Signature] Date: 12/19/02 REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HADDAD, JEAN	10500 NW 50TH STREET, #102	SUNRISE FL 33351
MEM	GOMEZ, LUIS	10500 NW 50TH STREET, #102	SUNRISE FL 33351
MEM	GLOBAL CONSULTING JOT CORP.	10500 NW 50TH STREET, #102	SUNRISE FL 33351
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CR2E084 (8/02)

12. 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: 12/19/02 Daytime Phone #: 954-3438878

Typed or printed name of signing Managing Member/Manager: JEAN HADDAD