

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

Secretary of State
DIVISION OF CORPORATIONS

L99000005692

FILED

03 NOV 13 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000005692
Name and Mailing Address

0007461 01 AT 0.292 **AUTO T8 0 0615 33178-485243
INTEJA, LLC
4243 NW 107 AVE
107
MIAMI FL 33178-4852



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/10/1999	
Principal Place of Business 11211 NW 57W MIAMI FL 33178	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0946362	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent SIDLOSCA, RANDALL L 999 PONCE DE LEON BLVD 550 MIAMI FL 33134		9. Name and Address of New Registered Agent Name ROGER MARTIN Street Address (P.O. Box Number is Not Acceptable) 11211 NW 57 LANE City MIAMI FL 33178	
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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.

Signature of Registered Agent *Roger Martin* **REQUIRED** Date 11/10/2003
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MARTIN, ROGER	4243 NW 107 AVE #107	MIAMI FL 33178

600024622026
11/13/03--01016--003 **150.00

REINSTATEMENT
AL **03**

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 *Roger Martin* **REQUIRED** Date 11/10/2003 Daytime Phone # 716-845-0777

Typed or printed name of signing Managing Member/Manager

CR2E0B4 (7/03)