

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

02 JUN 25 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L9900006480

1. Limited Liability Company's Name

INTERNATIONAL DEVELOPMENTS AND INVESTMENTS, LLC

2. Principal Office Address

8390 W Flagler St #219

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33144

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

2000-2001-2002 MJH

4. State/Country of Formation

FL/ USA

5. Date Organized or Qualified  
To Do Business in Florida

10/07/99

6. FEI Number

65-0952639

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

FELIPE R. RUIZ

Street Address (P.O. Box Number is Not Acceptable)

8390 West Flagler St

Suite, Apt. #, Etc.

Suite 219

City

Miami

State  
FL

Zip Code  
33144

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

REGISTERED AGENT MUST SIGN

Date 6-7-02

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Raymond Maduro	8390 W Flagler St #219	Miami, FL 33144
MGR	David Wilson	8390 W Flagler St #219	Miami, FL 33144

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 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 12 June 02

Daytime Phone # 305- 552-9048

Typed or printed name of signing Managing Member/Manager Raymond Maduro