
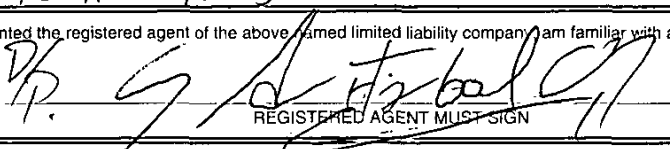
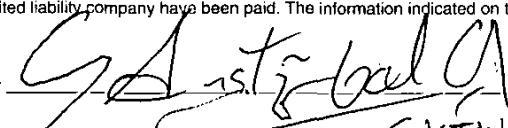


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 00 NOV 20 PM 11:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 2000			
DOCUMENT # L99-6705							
1. Limited Liability Company's Name INVERGROUP, LLC 13850 PALM BEACH BOULEVARD. FORT MYERS, FLORIDA 33905							
2. Principal Office Address 13850 PALM BEACH BLVD. Suite, Apt. #, etc.			3. Mailing Office Address 13850 PALM BEACH BLVD. Suite, Apt. #, etc.				
City & State FORT MYERS, FLORIDA Zip 33905 Country FLORIDA USA		City & State FORT MYERS, FLORIDA Zip 33905 Country FLORIDA USA		4. State/Country of Formation FLORIDA USA 10-1999			
				5. Date Organized or Qualified To Do Business in Florida 10-1999			
				6. FEI Number 65-0957604 <table border="1" style="width: 100%;"><tr><td>Applied For</td></tr><tr><td>Not Applicable</td></tr></table>		Applied For	Not Applicable
Applied For							
Not Applicable							
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent							
Name GUSTAVO ARISTIZABAL							
Street Address (P.O. Box Number is Not Acceptable) 13850 PALM BEACH BOULEVARD.							
Suite, Apt. #, Etc.							
City FORT MYERS				State FL	Zip Code 33905		
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 11-16-00			
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			
P	GUSTAVO ARISTIZABAL	13850 PALM BEACH BOULEVARD.		FORT MYERS, FL 33905			
MEM	FELITE VARGAS G.	13850 PALM BEACH BOULEVARD.		FORT MYERS, FL 33905			
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 11-16-00 Daytime Phone # (941) 6943565			
Typed or printed name of signing Managing Member/Manager				GUSTAVO ARISTIZABAL			

CR2E041 (9/99)