


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99 00000 7154			
1. Limited Liability Company's Name COMMLINK SERVICES, LLC			
2. Principal Office Address 13100 SW 92 AVE Suite, Apt. #, etc. 408C City & State MIAMI, FL Zip 33176 Country USA		3. Mailing Office Address 13100 SW 92 AVE Suite, Apt. #, etc. 408C City & State MIAMI, FL Zip 33176 Country USA	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 11-04-99	
6. FEI Number 65-0957068		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			
Name MS TAXES 400003491654-0			
Street Address (P.O. Box Number is Not Acceptable) 420 LINCOLN RD 12/08/00-01041-027			
Suite, Apt. #, Etc. #387 ****150.00 ****150.00			
City MIAMI BEACH, FL 33139		State FL Zip Code 33139	
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 _____	
REGISTERED AGENT MUST SIGN			
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
MGRM	VARGAS, EDUARDO	13100 SW 92 AVE #408C	MIAMI, FL 33176
MGRM	APARICIO, ADRIANA	13100 SW 92 AVE #408C	MIAMI, FL 33176
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 terminated, 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 10-31-00 Daytime Phone # (305) 371-2662	
Typed or printed name of signing Managing Member/Manager _____			

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

CR2E041 (9/99)