PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 16 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/19/10--01005--021 **560.00

CR2E041 (11/09)

DOCUMENT # M04000005309

1. Limited Liability Company's Name
INTERNATIONAL TRANSITION SERVICES, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5390 TRIO BLVD #W4	7491 N. FEDERAL HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SUITE C5 #321
City & State	City & State
KISSIMMEE, FL	BOCA RATON, FL
Zip 34746 Country USA	Zip 33487 Country USA

4. State/Country of Formation: NV/CLARK

5. Date Organized or Qualified To Do Business in Florida: 9/14/2007

6. FEI Number: 88-0508646 ☐ 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: NRAI SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable): 2731 EXECUTIVE PARK DR.

Suite, Apt. #, Etc.: SUITE 4

City: WESTON State: FL Zip Code: 33331

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Nick Geremia Asst Secretary Date: 3/2/10
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
MGR	PETER GOLD	3225 MCLEOD DR. STE 100	LAS VEGAS, NV 89121
	REINSTATEMENT 07-10		
		DB	

11. E-mail Address: TRAPEZEGOLD@GMAIL.COM
(To be used for future annual report notification)

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 608.408, 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: Peter Gold, SR. MGR. Date: 4/7/2010 Daytime Phone #: 702.375.0000

Typed or printed name of signing Managing Member/Manager: PETER GOLD, SENIOR MANAGER