

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

01 FEB 13 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

MA9-1452

1. Limited Liability Company's Name

TREVOR HAMILTON AND ASSOCIATES L.L.C.

2. Principal Office Address

8 DOMINICA DRIVE

Suite, Apt. #, etc.

City & State KINGSTON 5

Zip

Country

JAMAICA W.I.

3. Mailing Office Address

PO BOX 739

Suite, Apt. #, etc.

MEMOR BRIDGE RD

City & State

KINGSTON 19

Zip

Country

JAMAICA W.I.

4. State/Country of Formation

JAMAICA

**5. Date Organized or Qualified
To Do Business in Florida**

1999

6. FEI Number

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

MR LLOYD G GARDNER

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

20730 N.E 8TH COURT

Suite, Apt. #, Etc.

APT # 2 BUILDING # 16

City

MIAMI FLA 33179

000003742780-4

-02/20/01-01044-002

****200.00 ****200.00

State
FL

Zip Code

33179

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

[Signature]

REGISTERED AGENT MUST SIGN

Date DEC 27, 2000.

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
PRESIDENT	TREVOR HAMILTON	8 DOMINICA DRIVE	KINGSTON 5 JAMAICA W.I.
VICE PRESIDENT	VELMA BROWN	8 DOMINICA DRIVE	KINGSTON 5 JAMAICA

REINSTATEMENT

00.01
Dec

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

[Signature]

Date DEC 27, 2000

Daytime Phone #

(876) 929 1396

Typed or printed name of signing Managing Member/Manager

TREVOR G. HAMILTON

Trevor Hamilton and Associates
International Consultants and Managers

Mail: P.O Box 739, Meadowbridge P.O., Kingston 19, W.I.
Street Location: 85 Hope Road, Suite 204, Kingston 6, Jamaica, W.I.
Telephone: (876) 929-1396 or 978 6518/5796; Fax: (876) 929-6949
E-mail: thamilton@mail.infochan.com

February 5, 2001

The Secretary of State
Florida Department of State
Division of Corporate Law
P.O. Box 6327
Tallahassee, Florida 32314

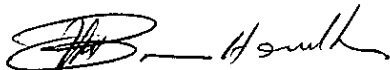
ATTENTION: MS. KATHERINE HARRIS

Dear Sirs:

RE: TREVOR HAMILTON AND ASSOCIATES L.C REF # M99000001452

Further to your letter dated January 8, 2001. we enclose herein our cheque in the amount of \$200 along with the relevant documentation herein.

Yours sincerely,
TREVOR HAMILTON & ASSOCIATES



Trevor Hamilton (Dr.)
PRESIDENT