

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
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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REINSTATEMENT 2000

DOCUMENT # M99000001753

1. Limited Liability Company's Name

ARTIUM CAPITAL PARTNERS LLC

2. Principal Office Address

12000 Biscayne Boulevard

Suite, Apt. #, etc.

Suite 216

City & State

Miami, FL

Zip

33181

Country

US

3. Mailing Office Address

12000 Biscayne Boulevard

Suite, Apt. #, etc.

Suite 216

City & State

Miami, FL

Zip

33181

Country

US

4. State/Country of Formation

Delaware

5. Date Organized or Qualified To Do Business in Florida

August 20, 99

6. FEI Number

65-0922850

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

David Guenoun

000003478970-1

-11/28/00--01097--024

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

12000 Biscayne Boulevard

*****5.00 *****5.00

Suite, Apt. #, Etc.

Suite 216

000003478970-1

-11/28/00--01097--025

City

Miami

State

FL

***150.00

***150.00

33181

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

November 8, 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
MGRM	David Guenoun	19700 East Country Club Dr	Aventura, FL, 33180

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

November 8, 2000

Daytime Phone #

(305) 895-9329

Typed or printed name of signing Managing Member/Manager

Managing Member

CR2E041 (9/00)