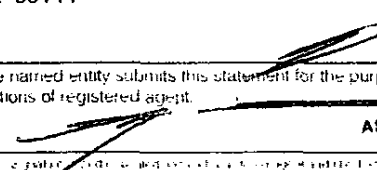
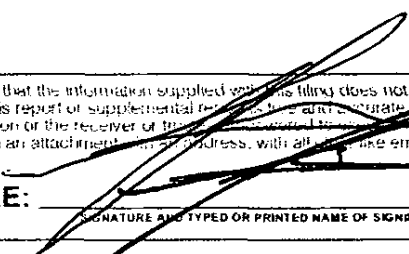


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                           |                                                                                              |                                                                                                                                            |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DOCUMENT # P04000060076                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                           |                                                                                              |                                                           |                                                                   |
| 1. Entity Name<br><b>IL MUNDI, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                           |                                                                                              |                                                                                                                                            |                                                                   |
| Principal Place of Business<br><b>46 CURTIS PARKWAY<br/>MIAMI SPRINGS, FL 33166</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                           | Mailing Address<br><b>46 CURTIS PARKWAY<br/>MIAMI SPRINGS, FL 33166</b>                      |                                                                                                                                            |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc. |                                                                                              |                                                                                                                                            |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     | City & State                              |                                                                                              |                                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Country                                                                             | Zip                                       | Country                                                                                      | 4. FEI Number<br><b>20-1011358</b>                                                                                                         |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>GALLENO, JOSE L<br/>8357 W. FLAGLER STREET<br/>SUITE 128<br/>MIAMI, FL 33144</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                           |                                                                                              | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>State<br>Zip Code |                                                                   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |                                           |                                                                                              |                                                                                                                                            |                                                                   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | AS DIRECTOR                               |                                                                                              | 11/29/06                                                                                                                                   |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After January 1, 2007, Fee will be \$300.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                           | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |                                                                                                                                            |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                           |                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                      |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | P<br>GALLENO, JOSE L<br>8357 W. FLAGLER ST. SUITE 128<br>MIAMI SPRINGS, FL 33166    | <input type="checkbox"/> Delete           |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | V<br>GALLENO, ELIZABETH<br>8357 W. FLAGLER ST. SUITE 128<br>MIAMI SPRINGS, FL 33166 | <input type="checkbox"/> Delete           |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                     | <input type="checkbox"/> Delete           |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                     | <input type="checkbox"/> Delete           |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                     | <input type="checkbox"/> Delete           |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                     | <input type="checkbox"/> Delete           |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied on this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate. My signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or the receiver in possession of the corporation; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this report, with all the like empowered. |                                                                                     |                                           |                                                                                              |                                                                                                                                            |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | AS DIRECTOR                               |                                                                                              | 11/29/06 305 517-2457                                                                                                                      |                                                                   |

FILED

07 FEB -8 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



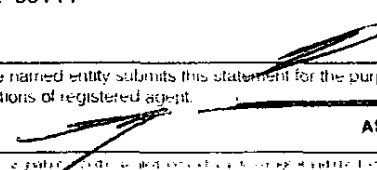
REINSTATEMENT 12072006 REINSTATEMENT 072008 (11/05) 06-07

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
State  
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  AS DIRECTOR 11/29/06

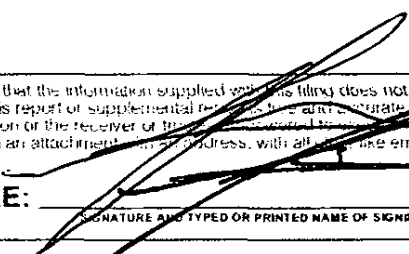
**FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                                     |                                 |                                                |                                               |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | P<br>GALLENO, JOSE L<br>8357 W. FLAGLER ST. SUITE 128<br>MIAMI SPRINGS, FL 33166    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | 600082493976<br>12/12/06--01057--001 **150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | V<br>GALLENO, ELIZABETH<br>8357 W. FLAGLER ST. SUITE 128<br>MIAMI SPRINGS, FL 33166 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | 600082493976<br>02/16/07--01005--011 **150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied on this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate. My signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or the receiver in possession of the corporation; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this report, with all the like empowered.

SIGNATURE:  AS DIRECTOR 11/29/06 305 517-2457