

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 30, 2009
Secretary of State**

DOCUMENT# L02000030878

Entity Name: REFITE, LLC

Current Principal Place of Business:

7610 WESTWOOD DR. #123
TAMARAC, FL 33321

New Principal Place of Business:

7610 WESTWOOD DR.
123
TAMARAC, FL 33321

Current Mailing Address:

7610 WESTWOOD DR. #123
TAMARAC, FL 33321

New Mailing Address:

7610 WESTWOOD DR.
123
TAMARAC, FL 33321

FEI Number: 01-0774737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KOLLER, MARIE M
7610 WESTWOOD DR. #123
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

KOLLER, MARIE M
7610 WESTWOOD DR.
123
TAMARAC, FL 33321 US

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.

SIGNATURE: MARIE KOLLER

10/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOLLER, MARIE M
Address: 7610 WESTWOOD DR. #123
City-St-Zip: TAMARAC, FL 33321

Title: MGRM () Delete
Name: RESTA, CRISTIAN A
Address: 7610 WESTWOOD DR. #123
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIE KOLLER

MGRM

10/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date