2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000032752

10800 NW 21ST SUITE 150

MIAMI, FL 33172 US

Address: City-St-Zip:

Entity Name: LMG SERVICES, LLC

FILED Sep 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10800 NW 21 ST SUITE 150 MIAMI, FL 33172 **New Mailing Address: Current Mailing Address:** 10800 NW 21 ST SUITE 150 MIAMI, FL 33172 US FEI Number: 20-1146203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: SALCEDO, CONSUELO CPA ORTEGA, FERNANDO CPA 999 PONCÉ DE LEON BLVD. 10800 NW 21 STREET #150 SUITE 705 DORAL, FL 33172 CORAL GABLES, FL 33134 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: FERNANDO ORTEGA 09/20/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition Title: () Delete LORET DE MOLA, FERNANDO J Name: Name: Address: 10800 NW 21ST SUITE 150 Address: City-St-Zip: MIAMI, FL 33172 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GASTELUM, MARIA E Name: Address: 10800 NW 21ST SUITE 150 Address: City-St-Zip: MIAMI, FL 33172 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LORET DE MOLA, JULIO A Name: Name: Address: 10800 NW 21ST SUITE 150 Address: City-St-Zip: MIAMI, FL 33172 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: LORET DE MOLA, ANA C Name: Address: 10800 NW 21ST SUITE 150 Address: City-St-Zip: MIAMI, FL 33172 US City-St-Zip: Title: Title: MGRM () Delete () Change () Addition LORET DE MOLA, ANDRES Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: FERNANDO LORET DE MOLA MGR 09/20/2007