

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Dec 12, 2008**  
**Secretary of State**

DOCUMENT# L04000047740

**Entity Name:** NOVA STAR, LLC

**Current Principal Place of Business:**

1845 NW 112 AVE.  
SUITE # 189  
DORAL, FL 33172

**New Principal Place of Business:**

1845 NW 112 AVE.  
SUITE # 189  
MIAMI, FL 33172

**Current Mailing Address:**

1845 NW 112 AVE.  
SUITE # 189  
DORAL, FL 33172

**New Mailing Address:**

1845 NW 112 AVE.  
SUITE # 189  
MIAMI, FL 33172

**FEI Number:** 41-2144300

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARCELO MORALES, HUGO  
1845 NW 112 AVE.  
SUITE # 189  
DORAL, FL 33172 US

**Name and Address of New Registered Agent:**

MORALES, HUGO M  
1845 NW 112 AVE.  
SUITE # 189  
MIAMI, FL 33172 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: TAMARA MONASTERIO

12/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MORALES, HUGO M  
Address: 1845 NW 112 AVE. SUITE # 189  
City-St-Zip: DORAL, FL 33172

Title: MGRM ( ) Delete  
Name: MONASTERIO, TAMARA  
Address: 1845 NW 112 AVE. SUITE # 189  
City-St-Zip: DORAL, FL 33172

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MORALES, HUGO M  
Address: 1845 NW 112 AVE. SUITE # 189  
City-St-Zip: MIAMI, FL 33172

Title: MGRM (X) Change ( ) Addition  
Name: MONASTERIO, TAMARA  
Address: 1845 NW 112 AVE. SUITE # 189  
City-St-Zip: MIAMI, FL 33172

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: HUGO M. MORALES

MR.

12/12/2008

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