

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000062059

Entity Name: NINEQI, LLC

**FILED**  
**Oct 05, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

8211 W. BROWARD BLVD., STE. 350  
PLANTATION, FL 33324

**New Principal Place of Business:**

8211 W. BROWARD BLVD.,  
SUITE 350  
PLANTATION, FL 33324

**Current Mailing Address:**

8211 W. BROWARD BLVD., STE. 350  
PLANTATION, FL 33324

**New Mailing Address:**

8211 W. BROWARD BLVD.,  
SUITE 350  
PLANTATION, FL 33324

FEI Number: 20-1524658      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:**

ZAMIR, AVI  
8211 W. BROWARD BLVD., STE. 350  
PLANTATION, FL 33324 US

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

ZAMIR, AVI  
8211 W. BROWARD BLVD.,  
SUITE 350  
PLANTATION, FL 33324 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: ZAMIR, AVI

10/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ZAMIR, AVI  
Address: 8211 W. BROWARD BLVD., STE. 350  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ZAMIR, AVI

MGR

10/05/2006

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