2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000034453

Name:

Address:

City-St-Zip:

RIVERA, HECTOR

1490 LOMAN COURT

PALM HARBOR, FL 34683

Entity Name: RIVERA AND MORALES LLC

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1490 LOMAN COURT PALM HARBOR, FL 34683 **Current Mailing Address: New Mailing Address:** 1490 LOMAN COURT PALM HARBOR, FL 34683 FEI Number: 65-1247858 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: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. RIVERA, HECTOR L MGR 1840 SW 22ND ST. 1490 LOMAN COURT 4TH FLOOR PALM HARBOR, FL 34683 US MIAMI, FL 33145 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: HECTOR L RIVERA 04/30/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete RIVERA, HECTOR Name: Name: Address: 1490 LOMAN COURT Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MORALES, BERARDO Name: Address: 1490 LOMAN COURT Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: () Delete Title: () Change () Addition MORALES, BERARDO Name: Name: 1490 LOMAN COURT Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: HECTOR RIVERA MGR 04/30/2008