

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000096286

Entity Name: HALFWAY BUSINESS, LLC.

FILED
Nov 01, 2006
Secretary of State

Current Principal Place of Business:

9130 SOUTH DADELAND BLVD.
1600
MIAMI, FL 33156 US

Current Mailing Address:

9130 SOUTH DADELAND BLVD.
1600
MIAMI, FL 33156 US

New Principal Place of Business:

5901 SW 74 STREET.
200
MIAMI, FL 33143 US

New Mailing Address:

5901 SW 74 STREET
200
MIAMI, FL 33143 US

FEI Number: FEI Number Applied For (X) 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:

MAZZA-MARTINEZ & ASSOC., P.A.
9130 SOUTH DADELAND BLVD.
1600
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

DEMOS GLOBAL GROUP, INC.
1111 BRICKELL AVENUE
1100
MIAMI, FL 33131 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: ARMANDO M. MARTINEZ

11/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GARRO, MIGUEL A MR.
Address: 9130 SOUTH DADELAND BLVD. SUITE 1600
City-St-Zip: MIAMI, FL 33156 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARRO, MIGUEL A MR.
Address: 5901 SW 74 STREET. SUITE 200
City-St-Zip: MIAMI, FL 33143 US

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: MIGUEL A. GARRO

MGR

11/01/2006

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