


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
  
07 FEB -6 AM 9:55

<b>DOCUMENT # L05000102959</b> 1. Entity Name CALL RAPIDO, LLC					
Principal Place of Business 2255 GLADES ROAD, SUITE 324A BOCA RATON, FL 33431		Mailing Address 2255 GLADES ROAD, SUITE 324A BOCA RATON, FL 33431			
2. Principal Place of Business - No P.O. Box # 9614 Pondwood Rd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Boca Raton, FL		City & State		4. FEI Number 203657093	
Zip 33428		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  ALAN J. FOX, P.A. 2255 GLADES ROAD, SUITE 324A BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name: Suranya T. Atapattu Street Address (P.O. Box Number is Not Acceptable): 9614 Pondwood Rd City: Boca Raton FL Zip Code: 33428		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Suranya T. Atapattu</i> DATE: 1/20/07 <small>Signature of individual or principal officer, registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGR NAME: MAY, THOMAS STREET ADDRESS: 11410 NEVER MORE WAY CITY-ST-ZIP: CHARLOTTE, NC 28277 <input checked="" type="checkbox"/> Delete			TITLE: MGR NAME: Suranya T. Atapattu STREET ADDRESS: 9614 Pondwood Rd CITY-ST-ZIP: Boca Raton, FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Suranya T. Atapattu</i> DATE: 1/20/07		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		954-329-3322 Daytime Phone #	