

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Aug 09, 2009  
Secretary of State**

DOCUMENT# L07000102692

Entity Name: DYMASTYLES LLC

**Current Principal Place of Business:**

2759 NW 59TH STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

2759 NW 59TH STREET  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 74-3234947      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

LINDER, TANGELA  
2759 NW 59TH STREET  
MIAMI, FL 33142    US

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

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: TANGELA LINDER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LINDER, TANGELA  
Address: 2759 NW 59 STREET  
City-St-Zip: MIAMI, FL 33142

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: CEO      (X) Change ( ) Addition  
Name: LINDER, TANGELA  
Address: 2759 NW 59 STREET  
City-St-Zip: MIAMI, FL 33142

Title: VP      ( ) Change (X) Addition  
Name: JONES, TOREY  
Address: 2759 NW 59 STREET  
City-St-Zip: MIAMI, FL 33142

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: TANGELA LINDER

CEO

08/09/2009

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