## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L08000073440

Entity Name: MOVIS GROUP, LLC

FILED Dec 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2893 EXECUTIVE PARK DRIVE 2893 EXECUTIVE PARK DRIVE

#302 #105

WESTON, FL 33331 US WESTON, FL 33331 US

Current Mailing Address: New Mailing Address:

2893 EXECUTIVE PARK DRIVE 2893 EXECUTIVE PARK DRIVE

#302 #105 WESTON, FL 33331 US WESTON, FL 33331 US

FEI Number: 26-3107958 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:

ROSA, SAUL B 2893 EXECUTIVE PARK DRIVE #302 WESTON, FL 33331 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: SAUL ROSA

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

ERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: DIAZ, IVAN I Name: QUINTERO, HUMBERTO R

Name: DIAZ, IVAN I Name: QUINTERO, HUMBERTO R
Address: 16480 SOUTH POST ROAD APT. 104 Address: 2893 EXECUTIVE PARK DRIVE # 105

City-St-Zip: WESTON, FL 33331 US City-St-Zip: WESTON, FL 33331 US

Title: MGRM () Delete Title: () Change () Addi

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition Name: Name:

Address: 2893 EXECUTIVE PARK DRIVE #302 Address: City-St-Zip: WESTON, FL 33331 US City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: LOPEZ, OLGA M Name: MORENO, JOSE R

Address: 16480 SOUTH POST ROAD APT 104 Address: 2893 EXECUTIVE PARK DRIVE #302

 City-St-Zip:
 WESTON, FL 33331 US
 City-St-Zip:
 WESTON, FL 33331 US

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: SAUL ROSA MGRM 12/22/2009