

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000025817

**FILED**  
**Oct 04, 2011**  
**Secretary of State**

**Entity Name:** IPVOICE TELECOMMUNICATIONS, LLC

**Current Principal Place of Business:**

16750 SW 264 ST  
HOMESTEAD, FL 33031

**New Principal Place of Business:**

**Current Mailing Address:**

118-21 QUEENS BLVD OFF 501  
FOREST HILLS, NY 11375

**New Mailing Address:**

35-37B JUNCTION BLVD  
CORONA, NY 11368

**FEI Number:** 20-0967420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PORRAS, SERGIO  
169 EAST FLAGLER STREET STE 800  
MIAMI, FL 33131 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: SERGIO PORRAS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RUIZ, JESUS  
Address: 16750 SW 264 ST  
City-St-Zip: HOMESTEAD, FL 33031

Title: MGR  
Name: SUAREZ, MARIA  
Address: 16750 SW 264 ST  
City-St-Zip: HOMESTEAD, FL 33031

Title: MGR  
Name: PIEDRAHITA, SANDRA  
Address: 118-21 QUEENS BLVD OF 501  
City-St-Zip: FOREST HILLS, NY 11375

Title: MGR  
Name: ORTIZ, CHRISTIAN  
Address: 64E GROVE ST  
City-St-Zip: BOGOTA, NJ 07603

Title: MGR  
Name: ONORO, MARIA I  
Address: 108 FAIRFIELD ST  
City-St-Zip: VALLEY STREAM, NY 11581

Title: MGR  
Name: ALBA, CLAUDIA  
Address: 88-11 63 DR  
City-St-Zip: REGO PARK, NY 11375

I hereby 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: JESUS RUIZ

MEM

10/04/2011

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