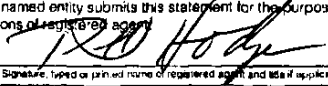
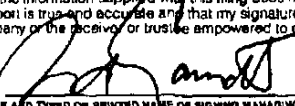


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
08 OCT 30 PM 3: 25
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015867			
1. Entity Name MAJOR LC			
Principal Place of Business STE. 302, EAST BLDG., NO 34/20 CUBA AVE. & 34TH ST., PANAMA 5 REPUBLIC OF PANAMA, XX		Mailing Address 1220 N. MARKET STREET, SUITE 808 WILMINGTON, DE 19801	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
10292008 REIN-LLC		CR2E101 (1/07)	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLORIDA FILING & SEARCH SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE 10-30-08	
FILE NOW!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MORM SATURN INVESTMENT GROUP, S.A. #302 EAST BLDG. #34/20 CUBA AVE & 34TH PANAMA CITY 5, PANAMA, ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MORM STAR GROUP FINANCE & HOLDINGS, INC. #302 EAST BLDG. #34/20 CUBA AVE & 34TH PANAMA CITY 5, PANAMA, ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
REINSTATEMENT 2008			
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: 		DATE 10/30/08 302-424-5152	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

L00000015867

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10-30-08

NAME: MAJOR LC

TYPE OF FILING: REINSTATEMENT

COST: \$138.75

BK

RETURN:

FILED
08 OCT 30 PM 3:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

[Signature]
