2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 30, 2008
Secretary of State

DOCUMENT# L01000007847

Entity Name: TSI PREPAID, LLC

Current Principal Place of Business:

1215 W. NEWPORT CTR DR.
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

5301 NW 35TH TERRACE
FT. LAUDERDALE, FL 33309

Current Mailing Address:

1215 W. NEWPORT CTR DR.
DEERFIELD BEACH, FL 33442

New Mailing Address:

5301 NW 35TH TERRACE
FT. LAUDERDALE, FL 33309

FEI Number: 65-1104266 **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:

MARKATIA, MOHAMMED A
1215 W. NEWPORT CTR DR.
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

MARKATIA, MOHAMMED A
5301 NW 35TH TERRACE
FT. LAUDERDALE, FL 33309 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: MOHAMMED MARKATIA 10/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete
Name: MARKATIA, M.A.
Address: 1215 W. NEWPORT CTR DR.
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: MARKATIA, MOHAMMED
Address: 5301 NW 35TH TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33309

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: MOHAMMED MARKATIA CEO 10/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date