2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 06, 2006
Secretary of State

DOCUMENT# L01000007977

Entity Name: LAW OFFICES OF MATTHEW W. DIETZ, P.L.

Current Principal Place of Business:

999 PONCE DE LEON BLVD.
SUITE 735
CORAL GABLES, FL 33134

New Principal Place of Business:

2990 SOUTHWEST 35TH AVENUE
MIAMI, FL 33133

Current Mailing Address:

999 PONCE DE LEON BLVD.
SUITE 735
CORAL GABLES, FL 33134

New Mailing Address:

2990 SOUTHWEST 35TH AVENUE
MIAMI, FL 33133

FEI Number: 65-1103899 **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:

DIETZ, MATTHEW W
999 PONCE DE LEON BLVD.
SUITE 735
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DIETZ, MATTHEW W
2990 SOUTHWEST 35TH AVENUE
MIAMI, FL 33133 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: MATTHEW W. DIETZ 10/06/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DIETZ, MATTHEW W
Address: 999 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DIETZ, MATTHEW W
Address: 2990 SOUTHWEST 35TH AVENUE
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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: MATTHEW W. DIETZ MR. 10/06/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date