2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
07 OCT -3 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400110217854

10032007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L01000011071

1. Entity Name
INFOCOM L.L.C.

Principal Place of Business	Mailing Address
AMERICAN INCORPORATORS LTD. 1220 N. MARKET STREET, SUITE 808 WILMINGTON, DE 19801	AMERICAN INCORPORATORS LTD. 1220 N. MARKET STREET, SUITE 808 WILMINGTON, DE 19801

07

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. BKK	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

BK

7. Name and Address of New Registered Agent

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 [signature] President 10/3/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
After January 1, 2008, Fee will be $100.00

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	MGRM EURO-AMEX EXCHANGE, INC. CUBA AVE. & 34TH ST./EAST BLDG #34/20 PANAMA CITY 5 PANAMA,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SATURN INVESTMENT GROUP, S.A. CUBA AVE. & 34TH ST./EAST BLDG #34/20 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 2007

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: [signature] 10/3/07 202 421 5752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

L01000011071

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Drive, Suite A Tallahassee, FL 32301
PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE: 10-03-07

NAME: infocom llc

TYPE OF FILING: REINSTATEMENT

COST: $50

RETURN: BK

RECEIVED
07 OCT -3 PM 12:16
FLORIDA

ACCOUNT: **FCA0000000015**

AUTHORIZATION: ABBIE/PAUL/HODGE BK

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