

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT -3 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400110217854

DOCUMENT # L01000011071					
1. Entity Name INFOCOM L.L.C.					
Principal Place of Business AMERICAN INCORPORATORS LTD. 1220 N. MARKET STREET, SUITE 808 WILMINGTON, DE 19801			Mailing Address AMERICAN INCORPORATORS LTD. 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. <i>BKR</i>		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. 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 <i>BK</i>				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 <i>R.D. Hodge</i>		Signature, typed or printed name of registered agent and title if applicable.		DATE <i>10/3/07</i>	
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		
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		
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 <i>[Signature]</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <i>10/3/07</i> 2024215752	

REINSTATEMENT 2007

201000011071

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

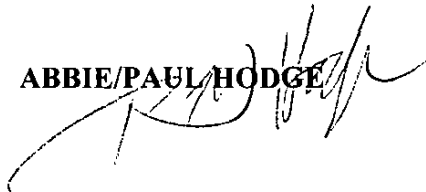
TYPE OF FILING: REINSTATEMENT

COST: \$50

RETURN:

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE



RECEIVED
07 OCT - 3 PM 12:16
OFFICE OF THE
CLERK OF THE
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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