

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 05, 2006  
Secretary of State**

DOCUMENT# L01000012145

Entity Name: HARPOMVID, L.L.C.

**Current Principal Place of Business:**

500 WEST 18TH STREET  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

500 WEST 18TH STREET  
HIALEAH, FL 33010

**New Mailing Address:**

FEI Number: 65-1040385      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEGUILLEN, OSCAR I  
500 W 18 ST  
HIALEAH, FL 33010      US

**Name and Address of New Registered Agent:**

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: OSCAR HEGUILLEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HEGUILLEN, OSCAR IGNACIO  
Address: 500 WEST 18TH STREET  
City-St-Zip: HIALEAH, FL 33010

Title: MGR      ( ) Delete  
Name: HEGUILLEN, MARIA VICTORIA  
Address: 500 WEST 18TH STREET  
City-St-Zip: HIALEAH, FL 33010

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: OSCAR HEGUILLEN

MGR

10/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date