2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 01, 2009
Secretary of State

DOCUMENT# L01000018056

Entity Name: DCS-I GROUP, LLC

Current Principal Place of Business:

799 BRICKELL PLAZA
STE 801
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

799 BRICKELL PLAZA
STE 801
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-1151587 **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:

ULLOA, CARLOS E
799 BRICKELL PLAZA
STE 801
MIAMI, FL 33131 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: CARLOS E. ULLOA

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: DPS ( ) Delete
Name: CASAS, RAFAEL J
Address: 501 BRICKELL KEY DRIVE SUITE 405
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: ULLOA, CARLOS E
Address: 501 BRICKELL KEY DRIVE SUITE 405
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CASAS, RAFAEL J
Address: 799 BRICKELL PLAZA SUITE 801
City-St-Zip: MIAMI, FL 33131 US

Title: MGR (X) Change ( ) Addition
Name: ULLOA, CARLOS E
Address: 799 BRICKELL PLAZA SUITE 801
City-St-Zip: MIAMI, FL 33131 US

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: RAFAEL J. CASAS MGR 12/01/2009

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