

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Dec 14, 2009
Secretary of State**

DOCUMENT# L01000019519

Entity Name: MOTEK FINANCING, LLC

Current Principal Place of Business:

19101 MYSTIC POINT DR., UNIT 2808
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

19101 MYSTIC POINT DR., UNIT 2808
AVENTURA, FL 33180

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

PINHAS, DINA
3511 W COMMERCIAL BLVD
STE 100
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

PINHAS, DINA
1087 NW 1ST COURT
HALLANDALE BEACH, FL 33009 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: DINA PINHAS

12/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRONSTEIN, HILLEL
Address: 19101 MYSTIC POINT DR., UNIT 2808
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: BRONSTEIN, PAULETTE
Address: 19101 MYSTIC POINT DR., UNIT 2808
City-St-Zip: AVENTURA, FL 33180

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 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: HILLEL BRONSTEIN

MGR

12/14/2009

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