

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000000848

Entity Name: DATA MEMORY, LLC

FILED
Oct 03, 2007
Secretary of State

Current Principal Place of Business:

9300 NW 58 STREET
SUITE 213-A
MIAMI, FL 33178

New Principal Place of Business:

7791 NW 46 ST
SUITE 314
DORAL, FL 33166

Current Mailing Address:

9300 NW 58 STREET
SUITE 213-A
MIAMI, FL 33178

New Mailing Address:

7791 NW 46 ST
SUITE 314
MIAMI, FL 33166

FEI Number: 30-0015235 FEI Number Applied For () FEI Number Not Applicable () 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:

GOMEZ, ANDRES
9300 NW 58 STREET
SUITE 213-A
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

GOMEZ, ANDRES
7791 NW 46 ST
SUITE 314
MIAMI, FL 33166 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: GOMEZ ANDRES

10/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DIAZ-SARMIENTO, GABRIEL
Address: 1985 NW 88TH CT., STE. 201
City-St-Zip: MIAMI, FL 33172

Title: MGRM () Delete
Name: PEREZ, NOHRA
Address: CARRERA 13 #82-49
City-St-Zip: SANTAFE DE BOGOTA, COLOMBIA,

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: GOMEZ ANDRES

RA

10/03/2007

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