

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000000848

Entity Name: DATA MEMORY, LLC

FILED
Sep 30, 2008
Secretary of State

Current Principal Place of Business:

7791 NW 46 ST
SUITE 314
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

7791 NW 46 ST
SUITE 314
MIAMI, FL 33166

New Mailing Address:

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

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: MGRM (X) Change () Addition
Name: DIAZ-SARMIENTO, GABRIEL
Address: 5600 SW 135TH AVE, #202-A
City-St-Zip: MIAMI, FL 33183

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: GABRIEL S. DIAZ-SARMIENTO

MGRM

09/30/2008

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