

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000011455

FILED  
Sep 29, 2006  
Secretary of State

**Entity Name:** CORPORATE WEALTH INFUSION, LLC.

**Current Principal Place of Business:**

12210 NE 10TH AVE  
SUITE B  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 610611  
NORTH MIAMI, FL 33261

**New Mailing Address:**

FEI Number: 32-0019556      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:**

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

JOSEPH, VLAD D  
12210 NE 10TH AVE  
SUITE B  
MIAMI, FL 33161 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: EDDY DORCE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO ( ) Delete  
Name: JOSEPH, VLAD D  
Address: P.O. BOX 610611  
City-St-Zip: MIAMI, FL 33261

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JOSEPH, VLAD D  
Address: 640 NE 136 STREET  
City-St-Zip: NORTH MIAMI, FL 33261

Title: MGRM ( ) Change (X) Addition  
Name: DORCE, EDDY  
Address: 640 NE 136 STREET  
City-St-Zip: NORTH MIAMI, FL 33161

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: EDDY DORCE

MGRM

09/29/2006

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