2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 01, 2008
Secretary of State

DOCUMENT# L02000011455

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 ( )**

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: NOELSAINT, ARAL
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 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: DORCE EDDY MGRM 02/01/2008

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