2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE: RUSEN BOSCAN
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SECRETARY OF STATE DIVISION OF CORPORATIONS

03/04/26

Daytime Phone #

1. Entity Nar	JMENT # LUZUUUU12 me NSULTING & TECHNOLOG			06 MAR 10 AM 9: 43				43	
Principal Place of Business 11630 NW 67 TERR MIAMI, FL 33178		Mailing Address 5625 NW 109 AVE., SUITE 64 MIAMI, FL 33178				## ## ################################		- - 	
2. Principal I	Place of Business	3. Mailing Address			7				
Suite, Apt		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03082006	REIN-LLC	CR2E1	01 (11/05	5)
City & Sta	te	City & State			4. FEI Numi 04-36	ber 67148			Applied For
Zip	Country	Zip	Countr	гу	5. Certificat	te of Status Desired		\$5.00 Ac Fee Requir	dditional
	6. Name and Address of Current	Registered Agent			7. Name an	nd Address of New R			
ANDRADE, RUBEN BOSCAN				Name					
5625 NW MIAMI, FL	109TH AVE, UNIT 64			Street Address (P.O. Box Numb	ber is Not Acceptable)		
			-	City				Zip Coo	
8. The above	 The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent. 			*			FL		
the obligat	tions of registered agent.	r the purpose of changing its	s registered	d office or register	ed agent, or bo	oth, in the State of Flo	rida. I am f	amiliar with	, and accept
SIGNATURE .									
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	TE: Registered	Agent signature require	ed when reinstating	a)	DATE		
FILE NOW!!! FEE IS \$100.00 In accordance with s. 607.19 liability company did not reci			s. 607.19: d not rece	3(2)(b), F.S., the	e limited tice.	Make Florida	e check pa Departme	yable to ent of Star	te
9.	MANAGING MEMBERS/MANAGERS 10.		10.			ASSISTICATO (21111050		
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