

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000013883

FILED
Oct 30, 2007
Secretary of State

Entity Name: RECONOR MIAMI LLC

Current Principal Place of Business:

300 BAYVIEW DR
#1111
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

300 BAYVIEW DR
#1111
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 61-1416735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVE. 2ND FLOOR
#1111
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVE. 2ND FLOOR
CORAL GABLES, FL 33134 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: S. ESQUENAZI FOR MIAMI CORPORATE SYSTEMS

10/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AMZEL, ALBERTO
Address: 20400 WEST COUNTRY CLUB DRIVE
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: AMZEL, GERARDO
Address: 20400 WEST COUNTRY CLUB DRIVE
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: AMZEL, GERARDO
Address: 20400 WEST COUNTRY CLUB DRIVE
City-St-Zip: AVENTURA, FL 33180

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: GERARDO AMZEL

MGR

10/30/2007

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