

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000024071

Entity Name: EXOTEL LLC

FILED
Mar 20, 2007
Secretary of State

Current Principal Place of Business:

5930 NW 99TH AVE
14
DORAL, FL 33178 US

New Principal Place of Business:

1770 NW 96TH AVE
DORAL, FL 33172 US

Current Mailing Address:

5930 NW 99TH AVE
14
DORAL, FL 33178 US

New Mailing Address:

1770 NW 96TH AVE
DORAL, FL 33172 US

FEI Number: 42-1551478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARAVITO, JUAN M
5930 NW 99TH AVE
14
DORAL, FL 33178 US

Name and Address of New Registered Agent:

GARAVITO, JUAN M
1770 NW 96TH AVE
DORAL, FL 33172 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: JUAN M GARAVITO

03/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARAVITO, JUAN M
Address: 5930 NW 99TH AVE UNIT 14
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: GARAVITO, ANA M
Address: 5930 NW 99TH AVE UNIT 14
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARAVITO, JUAN M
Address: 1770 NW 96TH AVE
City-St-Zip: DORAL, FL 33172

Title: MGRM (X) Change () Addition
Name: GARAVITO, ANA M
Address: 1770 NW 96TH AVE
City-St-Zip: DORAL, FL 33172

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: JUAN M GARAVITO

MGRM

03/20/2007

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