2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 14, 2009
Secretary of State

DOCUMENT# L02000024320

Entity Name: CHAKAY SERVICES, L.L.C.

Current Principal Place of Business:

5220 S UNIVERSITY DR
SUITE C-103
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

5220 S UNIVERSITY DR
STE C-102
DAVIE, FL 33328

New Mailing Address:

FEI Number: 51-0428823 **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:

SILVA'S ENTERPRISE, INC
5220 S UNIVERSITY DR
STE C-102
DAVIE, FL 33328 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: FERNANDO SILVA

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GENIJOVICH, JULIAN P
Address: 5220 S UNIVERSITY DR SUITE C-103
City-St-Zip: DAVIE, FL 33328

Title: MGR ( ) Delete
Name: ROSMAN, ALEJANDRA G
Address: 5220 S UNIVERSITY DR SUITE C-103
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES:

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

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

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: JULIAN GENIJOVICH MGR 10/14/2009

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