2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 30, 2007
Secretary of State

DOCUMENT# L02000025484

Entity Name: MUSAKI, LLC

Current Principal Place of Business:

4318 FOXTAIL LN
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

4318 FOXTAIL LN
WESTON, FL 33331

New Mailing Address:

FEI Number: 20-3895721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

SACCHI, JOSE LUIS
4318 FOXTAIL LN
WESTON, FL 33331 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: JOSE LUIS SACCHI

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	PSD	( ) Delete
Name:	SACCHI, JOSE LUIS	
Address:	4318 FOXTAIL LN	
City-St-Zip:	WESTON, FL 33331	
Title:	VSP	(X) Delete
Name:	SACCHI, CHRISTINA	
Address:	4318 FOXTAIL LN	
City-St-Zip:	WESTON, FL 33331	
Title:	TS	(X) Delete
Name:	SACCHI, ADRIANA	
Address:	4318 FOXTAIL LN	
City-St-Zip:	WESTON, FL 33331	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOSE LUIS SACCHI PRES 11/30/2007

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