2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 19, 2005
Secretary of State

DOCUMENT# L02000029658

Entity Name: VML HOLDINGS, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD.
SUITE 330
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD.
SUITE 330
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 83-0340589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTIZ, MICHAEL ESQ.
2121 PONCE DE LEON BLVD.
SUITE 330
CORAL GABLES, FL 33134 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: MICHAEL ORTIZ

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FAJARDO, MICHELLE
Address: 17465 SW 143 PLACE
City-St-Zip: MIAMI, FL

Title: MGRM ( ) Delete
Name: GONZALEZ, VIVIAN E
Address: 10836 SW 145 COURT
City-St-Zip: MIAMI, FL 33186

Title: MGRM ( ) Delete
Name: GONZALEZ, LUIS A
Address: 10836 SW 145TH COURT
City-St-Zip: MIAMI, FL 33186

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 for the exemption stated in Section 119.07(3)(i), 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: LUIS GONZALEZ MGRM 10/19/2005

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