2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 19, 2004
Secretary of State

DOCUMENT# L03000000935

Entity Name: THE LAW OFFICE OF JOHANNE FOSTER, LLC

Current Principal Place of Business:

12555 ORANGE DR.
2B
DAVIE, FL 33301

New Principal Place of Business:

7491 WEST OAKLAND PARK BOULEVARD
SUITE# 200-10
LAUDERHILL, FL 33319

Current Mailing Address:

P.O. BOX 451486
FORT LAUDERDALE, FL 33345

New Mailing Address:

7491 WEST OAKLAND PARK BOULEVARD
SUITE# 200-10
LAUDERHILL, FL 33319

FEI Number: 02-0670902 **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:

FOSTER, JOHANNE
3821 NW 107TH WAY
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

FOSTER, JOHANNE
7491 WEST OAKLAND PARK BOULEVARD
SUITE# 200-10
LAUDERHILL, FL 33319 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: JOHANNE FOSTER 10/19/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: FOSTER, JOHANNE
Address: 3821 NW 107TH WAY
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FOSTER, JOHANNE
Address: 3821 NW 107TH WAY
City-St-Zip: SUNRISE, FL 33351

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: JOHANNE FOSTER MGRM 10/19/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date