2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 14, 2004
Secretary of State

DOCUMENT# L03000006566

Entity Name: HANKSUGI, L.L.C.

Current Principal Place of Business:

1042 N.W. 139TH TERAACE
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

1103 SHOMA DR.
ROYAL PALM BEACH, FL 33414 US

Current Mailing Address:

1042 N.W. 139TH TERAACE
PEMBROKE PINES, FL 33028 US

New Mailing Address:

1103 SHOMA DR.
ROYAL PALM BEACH, FL 33414 US

FEI Number: **FEI Number Applied For (X)** **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:

MANUEL DINER, P. A.
141 N.E. 3RD AVENUE
SUITE 601
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

MANUEL DINER, P. A.
7735 NW 146 STREET
SUITE 300
MIAMI LAKES, FL 33016 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: MANUEL DINER 10/14/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: UMBACIA, JUAN C
Address: 1042 N.W. 139TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: UMBACIA, JUAN C
Address: 1103 SHOMA DR.
City-St-Zip: ROYAL PALM BEACH, FL 33414 US

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: JUAN C. UMBACIA MGRM 10/14/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date