

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000007524						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name VIME-L.L.C.				05 OCT 31 AM 10:28			
Principal Place of Business 5273 SW 157TH LANE MIRAMAR, FL 33027-5614				Mailing Address 5273 SW 157TH LANE MIRAMAR, FL 33027-5614			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 56-2333099				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MEJIA, GONZALO 17046 S.W. 39 CT MIRAMAR, FL 33027				Name <i>(SAME) MEJIA GONZALO</i>			
				Street Address (P.O. Box Number is Not Acceptable) 5273 SW 157TH LANE			
				City <i>MIRAMAR</i>			
				FL Zip Code <i>33027-5614</i>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>[Signature]</i> MEJIA GONZALO <i>Oct/29/2005</i> (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00				Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEJIA, GONZALO 5273 SW 157TH LN MIRAMAR, FL 330275614			☐ Delete	300061044849 10/31/05--01048--001 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEJIA, VICTORIA 5273 SW 157TH LN MIRAMAR, FL 330275614			☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			REINSTATEMENT <i>2005</i>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete						

11. I hereby certify that the information supplied with this filing does not qualify 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 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

MEJIA GONZALO

Oct/29/2005