

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000013673

Entity Name: THALLIS GROUP LLC

FILED  
Jan 25, 2005  
Secretary of State

**Current Principal Place of Business:**

1717 N. BAYSHORE DRIVE  
SUITE 1942  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

1508 BAY ROAD  
SUITE N-1231  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 68-0549250      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

DIAZ, SANDRA X  
1508 BAY ROAD  
SUITE N-1231  
MIAMI BEACH, FL 33139 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: DIAZ SANDRA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ARI, ATTIAS  
Address: 1717 N. BAYSHORE DR. , SUITE 1942  
City-St-Zip: MIAMI, FL 33132

Title: MGRM ( ) Delete  
Name: HADY, BOUHANNA  
Address: 18 BP 1555 ABIDJAN 18  
City-St-Zip: IVORY COAST, IC N/A

**ADDITIONS/CHANGES:**

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: ARI ATTIAS

M.

01/25/2005

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