

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 MAR 27 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03122008 REIN-LLC CR2E101 (1/07)

<b>DOCUMENT # L03000016376</b> 1. Entity Name PROTOSTAR INTERNATIONAL, LLC					
Principal Place of Business 5422 CARRIER DRIVE SUITE 105 ORLANDO, FL 32819			Mailing Address 5422 CARRIER DRIVE SUITE 105 ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box # <b>2875 S Orange Ave</b> Suite, Apt. #, etc. <b>SUITE 536</b>		3. Mailing Address <b>P.O. Box 508527</b> Suite, Apt. #, etc.			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>		4. FEI Number <b>93-1335554</b>	
Zip <b>32806</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DUREK, JOSEPH D JR.</b> <b>5422 CARRIER DRIVE</b> <b>SUITE 105</b> <b>ORLANDO, FL 32819</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2875 S Orange Ave Suite 536</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32806</b>		
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 <u><i>Joseph D. Durek Jr.</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>03/12/08</i></u>					
<b>FILE NOW!!! FEE IS \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>DUREK, JOSEPH D JR.</b> <input type="checkbox"/> Delete <b>5422 CARRIER DRIVE SUITE 105</b> <b>ORLANDO, FL 32819</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2875 S Orange Ave Suite 536</b> <b>Orlando, FL 32806</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000122764810</b> <b>04/09/08--01045--020 **277.50</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Joseph D. Durek Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u><i>03/12/08</i></u> Daytime Phone # <u><i>407 370 0845</i></u>		