

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000016769

FILED
Oct 26, 2004
Secretary of State

Entity Name: VALPAGES, LLC

Current Principal Place of Business:

4995 NW 72 AVE.
SUITE 205
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

4995 NW 72 AVE.
SUITE 205
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 83-0361064 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:

CARDET, ALBERTO M ESQUIRE
3971 SW 8 STREET
#306
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

CARDET, ALBERTO M ESQUIRE
1101 BRICKELL AVENUE
702- SOUTH
MIAMI, FL 33131 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: ALBERTO M. CARDET

10/26/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: VALDESPINO, MARIA A
Address: 4995 NW 72 AVE. #205
City-St-Zip: MIAMI, FL 33166 US

Title: MGRM () Delete
Name: PAGES, EDGAR J
Address: 4995 NW 72 AVE. #205
City-St-Zip: MIAMI, FL 33166 US

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: MARIA A. VALDESPINO

MGRM

10/26/2004

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