2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 16, 2009
Secretary of State

DOCUMENT# L03000017421

Entity Name: SOFANT, LLC

Current Principal Place of Business:

3025 FIFTH AVENUE NORTH
ST. PETERSBURG, FL 33713

New Principal Place of Business:

3035 FIFTH AVENUE NORTH
ST. PETERSBURG, FL 33713

Current Mailing Address:

3025 FIFTH AVENUE NORTH
ST. PETERSBURG, FL 33713

New Mailing Address:

3035 FIFTH AVENUE NORTH
ST. PETERSBURG, FL 33713

FEI Number: 05-0568995 **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:

FANTAUZZO, KEVIN D
3025 FIFTH AVENUE NORTH
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

FANTAUZZO, KEVIN D
3035 FIFTH AVENUE NORTH
ST. PETERSBURG, FL 33713 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: KEVIN D. FANTAUZZO 10/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FANTAUZZO, KEVIN D
Address: 3025 FIFTH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FANTAUZZO, KEVIN D
Address: 3035 FIFTH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KEVIN D. FANTAUZZO MGR 10/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date