2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 21, 2007
Secretary of State

DOCUMENT# L03000017455

Entity Name: JOHNSON INTERNATIONAL LLC

Current Principal Place of Business:

55 WESTON RD
SUITE 328
FORT LAUDERDALE, FL 33326

New Principal Place of Business:

Current Mailing Address:

55 WESTON RD
SUITE 328
FORT LAUDERDALE, FL 33326

New Mailing Address:

FEI Number: 56-2375801 **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:

ESPARRAGOZA, FROILAN M
181 RIVERWALK CIRCLE
SUNRISE, FL 33326 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: FROILAN M. ESPARRAGOZA

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ESPARRAGOZA, FROILAN
Address: 181 RIVERWALK CIRCLE
City-St-Zip: SUNRISE, FL 33326

Title: MGR ( ) Delete
Name: POLITAND, ANA T
Address: 181 RIVERWALK CIRCLE
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ESPARRAGOZA, FROILAN M
Address: 181 RIVERWALK CIRCLE
City-St-Zip: SUNRISE, FL 33326

Title: MGR (X) Change ( ) Addition
Name: POLITANO, ANA T
Address: 181 RIVERWALK CIRCLE
City-St-Zip: SUNRISE, FL 33326

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: FROILAN M. ESPARRAGOZA MGR 09/21/2007

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