

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000018392

FILED
Nov 08, 2004
Secretary of State

Entity Name: NINTECH WORLD ENTERPRISES, LLC

Current Principal Place of Business:

12550 BISCAYNE BLVD., SUITE 405
NORTH MIAMI, FL 33181

New Principal Place of Business:

PO BOX 17954
PLANTATION, FL 33318

Current Mailing Address:

12550 BISCAYNE BLVD., SUITE 405
NORTH MIAMI, FL 33181

New Mailing Address:

PO BOX 17954
PLANTATION, FL 33318

FEI Number: 04-3759393 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

GRISALES & JACOBS, LLP
12550 BISCAYNE BLVD., SUITE 405
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

DESENA, FRANK J PRES
PO BOX 17954
PLANTATION, FL 33318 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: FRANK J. DESENA

11/08/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BASTIAN, STEVE
Address: 12550 BISCAYNE BLVD., SUITE 405
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DESENA, FRANK J PRES
Address: PO BOX 17954
City-St-Zip: PLANTATION, FL 33318

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: FRANK J. DESENA

PRES

11/08/2004

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