

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000023126

Entity Name: WALLACE HOLDINGS, LLC

FILED
Oct 28, 2008
Secretary of State

Current Principal Place of Business:

1200 SOUTH ROGERS CIRCLE, #3
BOCA RATON, FL 33487

New Principal Place of Business:

951 CLINT MOORE ROAD
SUITE B
BOCA RATON, FL 33487

Current Mailing Address:

1200 SOUTH ROGERS CIRCLE, #3
BOCA RATON, FL 33487

New Mailing Address:

951 CLINT MOORE ROAD
SUITE B
BOCA RATON, FL 33487

FEI Number: 87-0700620 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:

CAPPELLER, JOHN M JR.
350 CAMINO GARDENS BLVD., #303
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

WALLACE, ELLIOTT R
951 CLINT MOORE ROAD
SUITE B
BOCA RATON, FL 33487 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: ELLIOTT WALLACE

10/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALLACE, ELLIOTT
Address: 1200 SOUTH ROGERS CIRCLE, #3
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WALLACE, ELLIOTT R
Address: 951 CLINT MOORE ROAD
City-St-Zip: BOCA RATON, FL 33487 US

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: ELLIOTT WALLACE

MGRM

10/28/2008

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