

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 SEP 25 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09212007 REIN-LLC CR2E101 (1/07)

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # L03000026118</b><br>1. Entity Name<br><b>MIAMI DADE COMPUTER SOLUTIONS LLC</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>3566 W 75 PLACE<br/>HIALEAH, FL 33018</b>  |  |  | Mailing Address<br><b>P.O. BOX 835283<br/>MIAMI, FL 33283</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>SAME</b>  |  | 3. Mailing Address<br><b>SAME</b>  |   |   |  |
| Suite, Apt. #, etc.<br>  |  | Suite, Apt. #, etc.<br>  |   | 4. FEI Number<br><b>20-0117262</b>  |  |
| City & State<br>   |  | City & State<br>   |   | Applied For<br>Not Applicable   |  |
| Zip<br>  |  | Zip<br>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>BRETON, HECTOR<br/>3566 W 75 PLACE<br/>HIALEAH, FL 33018</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$50.00<br/>After January 1, 2008, Fee will be \$100.00</b>  |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |   | Make check payable to<br><b>Florida Department of State</b>                                     |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br><b>BRETON, HECTOR R<br/>3566 W 75 PLACE<br/>HIALEAH, FL 33018</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VICE PRESIDENT<br/>ROSE ANNETTE VALLS<br/>3566 W 75 PL<br/>HIALEAH, FL 33018</b>             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>500109899405<br/>09/25/07--01042--006 **50.00</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>Hector R Breton</i></u>   |  |  | Date: <u>9/20/07</u> 786-325-5000   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  |   |   |  |