

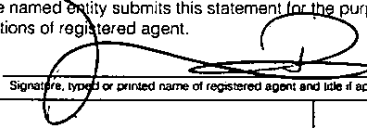
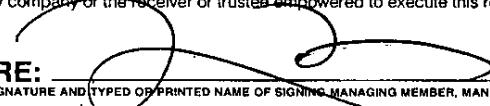


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -8 AM 9:35

DOCUMENT # L03000043698					
1. Entity Name CONNECTION CONSULTING LLC					
Principal Place of Business 6140 SW 39TH STREET SUITE 3 DAVIE, FL 33314 US			Mailing Address 6140 SW 39TH STREET SUITE 3 DAVIE, FL 33314 US		
2. Principal Place of Business 701 West Cypress Creek Road Suite, Apt. #, etc. Suite 101 City & State Ft. Lauderdale, Florida Zip 33309 Country US		3. Mailing Address 701 West Cypress Creek Road Suite, Apt. #, etc. Suite 101 City & State Ft. Lauderdale, Florida Zip 33309 Country U.S.			
4. FEI Number 08302005 REIN-LLC				Applied For CR2E101 (6/04) Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MARTIN, JAMES J 13845 SW 40TH ST DAVIE, FL 33330			7. Name and Address of New Registered Agent Name Maximiliano A. Rojas Street Address (P.O. Box Number is Not Acceptable) 701 West Cypress Creek Road Suite 101 City Ft. Lauderdale FL Zip Code 33309		
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 				DATE 8/30/05	
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROJAS, MAXIMILIANO A 4657 CARAMBOLA CIRCLE NORTH, BUILDING 6 COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Maximiliano A. Rojas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 West Cypress Creek Road, Suite 101 Ft. Lauderdale, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REYES, JOSE C 6140 SW 39TH STREET DAVIE, FL 33314 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900060222729 10/04/05--01071--002 ***205.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 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: 				DATE 8/30/05 DAYTIME PHONE # 954.249.4016	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					