

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000005503

Entity Name: ALNITAK, LLC

FILED
May 05, 2006
Secretary of State

Current Principal Place of Business:

3284 N.E. 211 TERRACE
AVENTURA, FL 33180 US

New Principal Place of Business:

19390 COLLINS AVE, PH15A
SUNNY ISLES BEACH, FL 33160 US

Current Mailing Address:

3284 N.E. 211 TERRACE
AVENTURA, FL 33180 US

New Mailing Address:

19390 COLLINS AVE, PH15A
SUNNY ISLES BEACH, FL 33160 US

FEI Number: FEI Number Applied For (X) 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:

MOLOCZNIK, SANDRA E
3284 N.E. 211 TERRACE
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

MOLOCZNIK, SANDRA E
19390 COLLINS AVE, PH15A
SUNNY ISLES BEACH, FL 33160 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: SANDRA E MOLOCZNIK

05/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOLOCZNIK, SANDRA E
Address: 3284 N.E. 211 TERRACE
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOLOCZNIK, SANDRA E
Address: 19390 COLLINS AVE, PH15A
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDRA MOLOCZNIK

MGR

05/05/2006

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