

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
May 12, 2006  
Secretary of State**

DOCUMENT# L04000017925

Entity Name: NUTKIT, LLC

**Current Principal Place of Business:**

2875 N.E. 191 STREET  
SUITE 604  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

2875 N.E. 191 STREET  
C/O ULTRA TRADING - SUITE 604  
AVENTURA, FL 33180 US

**New Mailing Address:**

2875 N.E. 191 STREET  
SUITE 604  
AVENTURA, FL 33180 US

FEI Number: 20-4864737      FEI Number Applied For ( )      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:**

SCHWARTZ, MOSHE  
2875 N.E. 191 STREET  
SUITE 604  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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: MOSHE SCHWARTZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHWARTZ, MOSHE  
Address: 2875 N.E. 191 STREET  
City-St-Zip: AVENTURA, FL 33180 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHWARTZ, MOSHE  
Address: 2875 N.E. 191 STREET - STE 604  
City-St-Zip: AVENTURA, FL 33180 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: MOSHE SCHWARTZ

MGRM

05/12/2006

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