

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000043346

FILED
Oct 18, 2005
Secretary of State

Entity Name: ONLINE DISTRIBUTORS, L.L.C.

Current Principal Place of Business:

2198 N.W. 141 AVENUE
PEMBROKE PINES, FL 330282855

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 260476
PEMBROKE PINES, FL 330267476

New Mailing Address:

P.O. BOX 260665
PEMBROKE PINES, FL 330267665

FEI Number: 51-0511703 **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:

OPPENHEIMER, MARIELENA
2198 N.W. 141 AVENUE
PEMBROKE PINES, FL 330282855 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: MARIELENA OPPENHEIMER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OPPENHEIMER, MARIELENA
Address: 2198 N.W. 141 AVENUE
City-St-Zip: PEMBROKE PINES, FL 330282855

Title: MGR () Delete
Name: ACOSTA, SANTIAGO
Address: 2198 N.W. 141 AVENUE
City-St-Zip: PEMBROKE PINES, FL 330282855

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANTIAGO ACOSTA

MGR

10/18/2005

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