
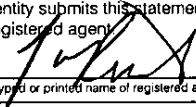



# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED-  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV -8 AM 9:26

DOCUMENT # L04000047238			
1. Entity Name MYCONDOBOARD TECHNOLOGIES LLC			
Principal Place of Business 2950 N 28TH TERRACE HOLLYWOOD, FL 33020 US		Mailing Address 2950 N 28TH TERRACE HOLLYWOOD, FL 33020 US	
2. Principal Place of Business 2735 PADDOCK ROAD Suite, Apt. #, etc.		3. Mailing Address 2735 PADDOCK ROAD Suite, Apt. #, etc.	
City & State WESTON, FL		City & State WESTON, FL	
Zip 33331	Country US	Zip 33331	Country US
4. FEI Number 86-1114718		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMPLIKATE SYSTEMS LLC 2950 N 28TH TERRACE HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name TUSHAR PATEL Street Address (P.O. Box Number is Not Acceptable) 2735 PADDOCK ROAD City WESTON FL Zip Code 33331	
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 		TUSHAR PATEL DATE 11/04/05	
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PATEL, TUSHAR V 2950 N 28TH TERRACE HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2735 PADDOCK ROAD WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATEL, VINOD C 537 QUAIL CIRLCE DR DICKENSON, TX 77099 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300061254363 11/08/05--01038--018 **\$0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005 <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: 		TUSHAR PATEL DATE 11/04/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	