2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 16, 2005
Secretary of State

DOCUMENT# L04000048846

Entity Name: PANAIGE SOLUTIONS LLC

Current Principal Place of Business:

424 E. CENTRAL BLVD.
SUITE 359
ORLANDO, FL 32801

New Principal Place of Business:

15751 SHERIDAN STREET
SUITE 121
PEMBROKE PINES, FL 33331

Current Mailing Address:

424 E. CENTRAL BLVD.
SUITE 359
ORLANDO, FL 32801

New Mailing Address:

15751 SHERIDAN STREET
SUITE 121
PEMBROKE PINES, FL 33331

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:

PIERCE, DEANNA
424 E. CENTRAL BLVD.
SUITE 359
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

PIERCE, DEANNA
15751 SHERIDAN STREET
SUITE 121
PEMBROKE PINES, FL 33331 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: D PIERCE 11/16/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PIERCE, DEANNA
Address: 424 E. CENTRAL BLVD., SUITE 359
City-St-Zip: ORLANDO, FL 32801

Title: MGRM (X) Delete
Name: THOMAS, SANDY M
Address: 424 E. CENTRAL BLVD., SUITE 359
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: PIERCE, DEANNA
Address: 15751 SHERIDAN STREET #121
City-St-Zip: PEMBROKE PINES, FL 3331

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: D PIERCE P 11/16/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date