

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Nov 09, 2007
Secretary of State**

DOCUMENT# L04000055574

Entity Name: MARTIQUI LLC

Current Principal Place of Business:

1832 SW 10 COURT
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

1832 SW 10 COURT
FORT LAUDERDALE, FL 33312

Current Mailing Address:

1850 NW 82 AVENUE
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-1418038 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:

CRUZ, JAIME E AG
1850 NW 82 AVENUE
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

MURPHY, MICKEY
1832 SW 10 COURT
FORT LAUDERDALE, FL 33312 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: MICKEY MURPHY

11/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARTINEZ, LAURA PATRICIA
Address: 1832 SW 10 COURT
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM () Delete
Name: MARTINEZ, IVAN DARIO
Address: 1832 SW 10 COURT
City-St-Zip: FORT LAUDERDALE, FL 33312

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 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: LAURA PATRICIA MARTINEZ

MGRM

11/09/2007

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