

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000064957

Entity Name: SOLINTER, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

1820 N CORPORATE LAKES BLVD
SUITE 207
WESTON, FL 33326

New Principal Place of Business:

1820 N CORPORATE LAKES BLVD
SUITE 207
WESTON, FL 33326 US

Current Mailing Address:

1820 N CORPORATE LAKES BLVD
SUITE 207
WESTON, FL 33326

New Mailing Address:

1820 N CORPORATE LAKES BLVD
SUITE 207
WESTON, FL 33326 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

AQUILES, TORREALBA
1820 N CORPORATE LAKES BLVD
SUITE 207
WESTON, FL 33326 US

Name and Address of New Registered Agent:

PADRON, JAVIER
1820 N CORPORATE LAKES BLVD
SUITE 207
WESTON, FL 33326 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: JAVIER PADRON

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PADRON, JAVIER
Address: 1820 N CORPORATE LAKES BLVD SUITE 207
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PADRON, JAVIER
Address: 1820 N CORPORATE LAKES BLVD SUITE 207
City-St-Zip: WESTON, FL 33326 US

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: JAVIER PADRON

MGRM

04/27/2009

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