

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 21, 2005
Secretary of State

DOCUMENT# L04000077861

Entity Name: MELI INVESTMENTS, LLC

Current Principal Place of Business:

6890 N.W. 35TH AVENUE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

6890 N.W. 35TH AVENUE
MIAMI, FL 33142

New Mailing Address:

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:

FLORIDA CORPORATE SERVICES, LLC
3006 AVIATION AVENUE, SUITE 2A
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

SORDO, CESAR R ESQ.
3006 AVIATION AVENUE, SUITE 2A
COCONUT GROVE, FL 33133 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: CESAR R. SORDO, ESQ.

09/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TAVERAS, LUIS
Address: 6890 N.W. 35TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: MGRM () Delete
Name: TAVERAS, MELISSA
Address: 6890 N.W. 35TH AVENUE
City-St-Zip: MIAMI, FL 33142

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: LUIS TAVARES

MGR

09/21/2005

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