

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000081414

Entity Name: RECOMAT LLC

FILED
Nov 19, 2005
Secretary of State

Current Principal Place of Business:

5910 SOUTHWEST 81ST STREET
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

5910 SOUTHWEST 81ST STREET
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-1236279 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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SPIEGEL & UTRERA
1840 CORAL WAY
4 FLOOR
MIAMI, FL 33145 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: ELSIE SANCHEZ

11/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARREIRA, TELMO
Address: 5910 SOUTHWEST 81ST STREET
City-St-Zip: SOUTH MIAMI, FL 33143

Title: MGR () Delete
Name: HESHUSIUS, CHARLES A
Address: 5910 SOUTHWEST 81ST STREET
City-St-Zip: SOUTH MIAMI, FL 33143

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: TELMO BARREIRA

MGR

11/19/2005

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