

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000083401

FILED
Oct 28, 2005
Secretary of State

Entity Name: UPFUL INTERNATIONAL, LLC

Current Principal Place of Business:

15962 BRIER CREEK DRIVE
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

15962 BRIER CREEK DRIVE
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 20-1921230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, GARY J
15962 BRIER CREEK DRIVE
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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: GARY J SCHWARTZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHWARTZ, GARY J
Address: 15962 BRIER CREEK DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM () Delete
Name: SCHWARTZ, ADAM C
Address: 15962 BRIER CREEK DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM () Delete
Name: SCHWARTZ, DONGYI YE
Address: 15962 BRIER CREEK DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY J SCHWARTZ

MGRM

10/28/2005

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