

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE  
DIVISION OF CORPORATE & BUSINESS SERVICES

05 DEC 13 AM 9:23

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # L04000089822</b><br>1. Entity Name<br><b>MMB COMPANY, L.L.C.</b>  |  |  |  |   |  |
| Principal Place of Business<br><b>2535 ROYAL PALM WAY<br/>WESTON, FL 33327</b>  |  |  |  | Mailing Address<br><b>2535 ROYAL PALM WAY<br/>WESTON, FL 33327</b>  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |  |
| City & State  |  | City & State   |  |   |  |
| Zip   | Country  | Zip  | Country  |   |  |
| 4. FEI Number<br><b>20-2309132</b>  |  |  |  | 12072005 REIN-LLC CR2E101 (6/04)  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |  | \$5.00 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORREA, JOSE N<br/>2900 GLADES CIR., STE 525<br/>WESTON, FL 33327</b>   |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |  |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$50.00<br/>After January 1, 2006, Fee will be \$100.00</b>   |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |  | Make check payable to<br><b>Florida Department of State</b>   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES                          |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>BRICENO, DOUGLAS A<br/>2535 ROYAL PALM WAY<br/>WESTON, FL 33327</b>                     | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>BRICENO, JEAN C<br/>2535 ROYAL PALM WAY<br/>WESTON, FL 33327</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>MACHADO, OSWALDO<br/>CALLE 75C CON AV. 2A-50, RESIDENCIA<br/>GIRALUNA #8 VENEZUELA,</b> | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>BRICENO, DOUGLAS<br/>2535 ROYAL PALM WAY<br/>WESTON, FL 33327</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>MEJIA, JAIME<br/>7920 NW 167TH TERRACE<br/>MIAMI LAKES, FL 33016</b>                    | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>BRICENO, DOUGLAS A<br/>2535 ROYAL PALM WAY<br/>WESTON, FL 33327</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>900062119179<br/>12/13/05--01042--003 **50.00</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>REINSTATEMENT 2005</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify 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 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. |  |  |  |   |  |
| <b>SIGNATURE:</b> _____   |  |  | <b>12/08/05</b>                                |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  | Date Daytime Phone #                           |   |  |