2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # L04000094190 1. Entity Name NALOOM, LLC						06 MAR 2	7 AM 8: 42	IS
Principal Place of Business Mailing Address								
1961 DEERVIEW PL 1961 DEERVIEW LONGWOOD FL 32750 LONGWOOD FL 3								
LONGWOOD FL 32750 LONGWOOD FL 3:				2750	1.			
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Principal Place of Business Address Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03212006	REIN-LLC	CR2E101 (11/05)	
City & State City & State					4. FEI Numb	096924		oplied For ot Applicable
Zip	Country	Zip	Country		ľ	of Status Desired	\$5.00 Add	ditional
6. Name and Address of Current Registered Agent					7. Name and	d Address of New R		<u> </u>
				Name		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
CHANG, MELBA C 1961 DEERVIEW PLACE LONGWOOD, FL 32750			Street Address (P.O. Box Number is Not Acceptable)					
20110110	00,12 02/00							
				City			FL Zip Coo	10
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 ON Change O3.24.06 Signature, typod or printed name of registered agent and left's applicable. (NOTE: Registered Agent eignature required when reinstating) O3.24.06 OATE								
FILE NOWIII FEE IS \$200.00							e check payable to a Department of Stat	a
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	/CHANGES	
TITLE	MGRM	☐ Delete	TITL	i i			☐ Change	Addition
NAME STREET ADDRESS	CHANG, MELBA C 1961 DEERVIEW PLACE		NAM STER	ET ADDRESS	_ 5	500069	9949535 52008 **2	;
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NAME			KAM	E ADORESS				
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STREET ADDRESS	1			ET ADDRESS	小岛流远外		M <u>05-</u>	176
CITY-ST-ZIP	Ī		I ~~	-ST-ZIP		ب زرن سیانا ۱۷ تا ت	<u> </u>	レニ
11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Horida 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.								

SIGNATURE: Mella Chang: Melba Chang 03.24.06 407.262.0487
SIGNATURE AND TYPED OR PRINTED NAME OF SEQUENCE MANAGERS, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destro Destro Proces