

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000007207

FILED
Mar 03, 2009
Secretary of State

Entity Name: QUISQUEYA HOLDINGS, LLC

Current Principal Place of Business:

4240 GALT OCEAN DRIVE
SUITE 1901
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

4240 GALT OCEAN DRIVE
SUITE 1901
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 43-2072695 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 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: TERESA ROMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: FOMBRUN, CHARLES J
Address: 4240 GALT OCEAN DRIVE, SUITE 1901
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: TREA () Delete
Name: BAYARD, MARIE-CLAUDE
Address: 4240 GALT OCEAN DRIVE, SUITE 1901
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SECR () Delete
Name: FOMBRUN, MARIE-ALICE
Address: 4240 GALT OCEAN DRIVE, SUITE 1901
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VP () Delete
Name: FOMBRUN, ODETTE
Address: 4240 GALT OCEAN DRIVE, SUITE 1901
City-St-Zip: FORT LAUDERDALE, FL 33308

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHARLES J. FOMBRUN

PRES

03/03/2009

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