

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000021462

Entity Name: MAILE HOLDINGS, LLC

FILED
Feb 02, 2007
Secretary of State

Current Principal Place of Business:

4320 NORTHERN DANCER WAY
ORLANDO, FL 32826

New Principal Place of Business:

Current Mailing Address:

4320 NORTHERN DANCER WAY
ORLANDO, FL 32826

New Mailing Address:

2248 MERIDIAN BOULEVARD
SUITE H
MINDEN, NV 89423

FEI Number: 06-1744356 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:

MALLER, KAREN
ONE PROGRESS PLAZA, STE. 1210
ST. PETERSBURG, FL 33731 US

Name and Address of New Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 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: NINH HO ASSISTANT SECRETARY

02/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GUITTAP, MARK
Address: 2248 MERIDIAN BLVD., STE. H
City-St-Zip: MINDEN, NV 89423

Title: MGR () Delete
Name: GUITTAP, ROMELLE B
Address: 2248 MERIDIAN BLVD., STE. H
City-St-Zip: MINDEN, NV 89423

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 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: MARK GUITTAP

MGR

02/02/2007

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