

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 13, 2006  
Secretary of State**

DOCUMENT# L05000023775

Entity Name: SANFEB, LLC

**Current Principal Place of Business:**

17050 N BAY RD., #1006  
SUNNY ISLES, FL 33150

**New Principal Place of Business:**

**Current Mailing Address:**

17050 N BAY RD., #1006  
SUNNY ISLES, FL 33150

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAFTER, CHRISTIAN  
17050 N BAY RD., #1006  
SUNNY ISLES, FL 33160    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: CHRISTIAN GAFTER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      SANSUR, JOSE ANTONIO  
Address:                      17050 N BAY RD., #1006  
City-St-Zip:                      SUNNY ISLES, FL 33150

Title:                      MGRM                      ( ) Delete  
Name:                      FEBRERO, EDVICK  
Address:                      17050 N BAY RD., #1006  
City-St-Zip:                      SUNNY ISLES, FL 33150

Title:                      MGRM                      ( ) Delete  
Name:                      FEBRERO, JACQUELINE  
Address:                      17050 N BAY RD., #1006  
City-St-Zip:                      SUNNY ISLES, FL 33150

Title:                      MGR                      ( ) Delete  
Name:                      GAFTER, CHRISTIAN  
Address:                      17050 N BAY RD., #1006  
City-St-Zip:                      SUNNY ISLES, FL 33150

**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 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: JOSE ANTONIO SANSUR

MGRM

10/13/2006

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