

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 NOV 14 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10312006 REIN-LLC CR2E101 (11/05)

4. FEI Number **20-4865042** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

TECHNOCON INTERNATIONAL, INC
1111 KANE CONCOURSE
518
BAY HARBOUR ISLAND, FL 33154

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GITMAN, ALISA	
STREET ADDRESS	16400 COLLINS AVE #841	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LISITSA, MICHAEL	
STREET ADDRESS	521 GOLDEN GATE DR.	
CITY-ST-ZIP	RICHBORO, PA 18954	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	TEMNOROD, MICHAEL	
STREET ADDRESS	17555 COLLINS AVE #2705	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500081737965
11/13/06--01003--020 **25.00

10/27/06--01070--005 **130.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Michael Listsa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/05/2006 **305 867-1228**
Date Daytime Phone #