

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000038825

Entity Name: AXEL CONSULTING LLC

FILED  
Nov 27, 2007  
Secretary of State

## Current Principal Place of Business:

53RD STREET, URBANIZACION OBARRIO, SWISS T  
OWER, 16TH FLOOR  
PANAMA, PA XX

## New Principal Place of Business:

53RD STREET, URBANIZACION OBARRIO, SWISS  
TOWER, 16TH FLOOR  
PANAMA, PA XX

## Current Mailing Address:

53RD STREET, URBANIZACION OBARRIO, SWISS T  
OWER, 16TH FLOOR  
PANAMA, PA XX

## New Mailing Address:

C/O 509 MADISON AVE  
SUITE 612  
NEW YORK, NY 10022 US

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

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: FRANK CAMMARATA

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DAVIS, LUIS A  
Address: 53RD STREET, URBANIZACION OBARRIO, SWISS T  
City-St-Zip: CIUDAD DE PANAMA, XX

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: DAVIS, LUIS A  
Address: 53RD STREET, URBANIZACION OBARRIO, SWISS T  
City-St-Zip: CIUDAD DE PANAMA, PA XX

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: DAVID LUNTZ/AUTHORIZED PERSON

PA

11/27/2007

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