## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILFI **DOCUMENT # L05000061377** 1. Entity Name TASIS, LLC 06 NOV 16 PH 2:58 SECRETARY OF STATE TALLAHASSEF FLORIDA Principal Place of Business Mailing Address 5317 NW 35TH TERRACE 5317 NW 35TH TERRACE FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 3. Mailing Address 2. Principal Place of Business <u>1900 Glades Road</u> 1900 Glades Road Suite, Apt. #, etc. Suite, Apt. #, etc. 10112006 REIN-LLC CR2E101 (11/05) Suite 401 Suite 401 4. FEI Number Applied For City & State City & State Boca Raton, FL Boca Raton, FL Not Applicable 20-5811934 Zip Country Zio Country \$5.00 Additional 5, Certificate of Status Desired Fee Required 33431 US 33431 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, W. RODGERS Street Address (P.O. Box Number is Not Acceptable) ONE LINCOLN PLACE 1900 GLADES ROAD, Suite 401 BOCA RATON, FL 33431 Zip Code 8. The above named entity at bmits 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 regist ered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 Make check payable to After January 1, 2007, Fee will be \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR Delete TITLE Change ☐ Addition TITLE MGR NAME COPANOS, JOHN S NAME Nicholas Dionisio STREET ADDRESS 5317 NW 35TH TERRACE STREET ADDRESS 518 Cresswell Road CITY-ST-7IP FORT LAUDERDALE, FL 33309 CITY-ST-7tP Baltimore, MD 21225 TITLE ☐ Change ☐ Addition TITLE ☐ Delete 700081500087 NAME NAME STREET ADDRESS STREET ADDRESS 11/03/06--01034--026 \*\*100.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME 700081500081 STREET ADDRESS STREET ADDRESS 11/03/06--01034--027 \*\*50.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 it 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. Ectober 13, 2006