

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 31 PM 4:43

DOCUMENT # L05000077658 1. Entity Name BONILLA-LOZANO & ASSOCIATES, LLC					
Principal Place of Business 9091 DUPONT CIRCLE WELLINGTON, FL 33414 US			Mailing Address 9091 DUPONT CIRCLE WELLINGTON, FL 33414 US		
2. Principal Place of Business 100 LAKEVIEW DRIVE		3. Mailing Address 100 LAKEVIEW DRIVE			
Suite, Apt. #, etc. APT 309		Suite, Apt. #, etc. APT 309			
City & State WESTON, FL		City & State WESTON, FL		4. FEI Number 20-3265667	
Zip 33326		Country USA		Applied For Not Applicable	
Zip 33326		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MYOS FINANCIAL GROUP, INC 2853 EXECUTIVE PARK DRIVE SUITE 105 WESTON, FL 33331				7. Name and Address of New Registered Agent Name ALFONSO BONILLA Street Address (P.O. Box Number is Not Acceptable) 100 LAKEVIEW DRIVE, APT 309 City WESTON FL Zip Code 33326	
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 <input checked="" type="checkbox"/> 				DATE 10/26/2006	
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONILLA, ALFONSO 9091 DUPONT CIRCLE WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000081391310 10/31/06--01057--029 **155.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONILLA, MARIA E 9091 DUPONT CIRCLE WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTAGUT, CLAUDIA QUINTAS DEL MARQUEZ CASA 9C MOSQUERA, CUNDINAMARCA, CO 00000	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOZANO, ONEXIMO QUINTAS DEL MARQUEZ CASA 9C MOSQUERAS, CUNDINAMARCA, CO 00000	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <input checked="" type="checkbox"/> 				DATE ALFONSO BONILLA, 10/26/06 754-423-6564	

REINSTATEMENT 2006