2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000077658

1. Entity Name
BONILLA-LOZANO & ASSOCIATES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 31 PM 4:43

Principal Place of Business	Mailing Address
9091 DUPONT CIRCLE WELLINGTON, FL 33414 US	9091 DUPONT CIRCLE WELLINGTON, FL 33414 US

10262006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
100 LAKEVIEW DRIVE	100 LAKEVIEW DRIVE
Suite, Apt. #, etc. APT 309	Suite, Apt. #, etc APT 309
City & State WESTON, FL	City & State WESTON, FL
Zip: 33326 Country: USA	Zip: 33326 Country: USA

4. FEI Number 20-3265667 — Applied For / Not Applicable

5. Certificate of Status Desired X — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MYOS FINANCIAL GROUP, INC 2853 EXECUTIVE PARK DRIVE SUITE 105 WESTON, FL 33331	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 X [signature] 10/26/2006
Signature, typed or printed name of registered agent and title if applicable (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete BONILLA, ALFONSO 9091 DUPONT CIRCLE WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000081391310 10/31/06--01057--029 **155.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete BONILLA, MARIA E 9091 DUPONT CIRCLE WELINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete MONTAGUT, CLAUDIA QUINTAS DEL MARQUEZ CASA 9C MOSQUERA, CUNDINAMARCA, CO 00000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete LOZANO, ONEXIMO QUINTAS DEL MARQUEZ CASA 9C MOSQUERAS, CUNDINAMARCA, CO 00000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 2006

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: X [signature] ALFONSO BONILLA, 10/26/06 754-423-6564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #