

**2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Jan 31, 2007  
Secretary of State**

DOCUMENT# L05000077815

Entity Name: K1 SOLUTIONS LLC

**Current Principal Place of Business:**

874 YELLOW PINE AVENUE  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

874 YELLOW PINE AVENUE  
ROCKLEDGE, FL 32955

**New Mailing Address:**

FEI Number: 16-1729474      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET 4TH FL  
MIAMI, FL 33145      US

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: KRISTA COHEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: COHEN, KRISTA  
Address: 874 YELLOW PINE AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: COHEN, GORDON  
Address: 874 YELLOW PINE AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KRISTA COHEN

MGR

01/31/2007

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