2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 15, 2006
Secretary of State

DOCUMENT# L05000079842

Entity Name: IMAGE LAB LLC

Current Principal Place of Business:

18749 SW 15TH STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

18749 SW 15TH STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 51-0551211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOMENA-REID, JOY-ANN M
18749 SW 15TH STREET
PEMBROKE PINES, FL 33029 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: JOY-ANN LOMENA-REID

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: REID, JASON M
Address: 18749 SW 15TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: LOMENA-REID, JOY-ANN M
Address: 18749 SW 15TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

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: JOY-ANN LOMENA-REID MGR 12/15/2006

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