

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000086442

Entity Name: NIKAIA GROUP, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

7837 NW 72 AV
MIAMI, FL 33166

New Principal Place of Business:

2000 NW 89 PL.
SUITE 122
DORAL, FL 33172

Current Mailing Address:

7837 NW 72 AV
MIAMI, FL 33166

New Mailing Address:

2000 NW 89 PL.
SUITE 122
DORAL, FL 33172

FEI Number: 20-3413608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

MASELLIS-COE, DIANNE
10850 SW 170 TER.
MIAMI, FL 33157 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: DIANNE MASELLIS-COE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TOMADIN, ALEJANDRO
Address: 7837 NW 72 AV
City-St-Zip: MIAMI, FL 33166

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TOMADIN, ALEJANDRO R MNGR
Address: 2000 NW 89 PL.
City-St-Zip: DORAL, FL 33172

Title: TRS () Change (X) Addition
Name: PENALOZA DE FINOL, CARMEN V MNGR
Address: 2000 NW 89 PL.
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify 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: ALEJANDRO R. TOMADIN

MNGR

05/01/2009

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