2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 21, 2008
Secretary of State

DOCUMENT# L05000100622

Entity Name: EQUILOFT, LLC

Current Principal Place of Business:

222 LAKEVIEW AVE SUITE 160-255
WEST PALM BEACH, FL 33401

New Principal Place of Business:

1200 S. FLAGLER DR.
805
WEST PALM BEACH, FL 33401

Current Mailing Address:

222 LAKEVIEW AVE SUITE 160-255
WEST PALM BEACH, FL 33401

New Mailing Address:

14601 SHADOWBROOK LANE
PURCELLVILLE, VA 20132

FEI Number: 55-6671750 **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:

SAHIN, TAMI
222 LAKEVIEW AVE SUITE 160-255
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

SAHIN, TAMI
1200 S. FLAGLER DR
805
WEST PALM BEACH, FL 33401 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: TAMI M. SAHIN 10/21/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SAHIN, TAMI
Address: 222 LAKEVIEW AVE SUITE 160-255
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SAHIN, TAMI
Address: 1200 S. FLAGLER DR. STE 805
City-St-Zip: WEST PALM BEACH, FL 33401

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: TAMI SAHIN MGRM 10/21/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date