## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

		TEMENT						
DOCU			FILED					
DEMP INVESTMENTS & CONSULTING, LLC					2007 AF	PR 17 A	Ħ I∩: <b>0</b> 2	
I	ce of Business	Mailing Address			SECOL	TARM	1110-03	
1066 NW 129TH AVENUE   MIAMI, FL 33182		1066 NW 129TH AVENUE Miami, Fl. 33182			TALLAH	TARY OF ASSEE. F	STATE	
	<b>b</b>	,						
2. Principal Place of Business - No P.O. Box.#  10043 COSTA DEL SOL BLV		3. Mailing Address SAHE						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0:	3052007 REIN-LL	с с	R2E101 (1/07)	
City & State  DORAL, FL		City & State		4.	4. FEI Number Applied For Not Applicable			
Zip Country 33178 V.5.A.		Zip	Country	5.	Certificate of Status De		\$5.00.44	tional
	6. Name and Address of Current I	Registered Agent		7.	Name and Address of	New Registe	ered Agent	
CEDNIANIE	NEZ-AL ) (A'D'O		Name		· •	_		
FERNANDEZ_ALVARO   1066 NW 129TH AVENUE			Street Ad	dress (P.O.	Box Number is Not Acc	ceptable)		
MIAMI, FL 33182					·			
			City				FL Zip Code	•
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or	registered a	gent, or both, in the Sta	te of Florida.	I am familiar with,	and accept
SIGNATURE	- Apoling &					0	3/19/07	
<del></del>	Signatura Noed or printed traine of registered agent a	nd title if applicable. (NOTI	E: Registered Agent signat	ture required wh	en reinstating)	D	ATÉ /	
FILE NOW!!! FEE IS \$200.00							ck payable to artment of State	1
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDI	TIONS/CHAN	NGES	
TITLE NAME	MGR FERNANDEZ, ALVARO	☐ Delete	TITLE					
STREET ADDRESS	I LIGHTIBEZ, ALVAITO		BIANAC				☐ Change	A A A Lion
	1066 NW 129TH AVENUE		NAME STREET ADDRESS		80010:	1935		Assign
CITY-ST-ZIP	MIAMI, FL 33182		1		<b>80010</b> : 05/09/07010	L935 108006		ANGLIAN
TITLE	MIAMI, FL 33182 MGR	Delete	STREET ADDRESS CITY-ST-ZIP TITLE		<b>80010</b> : 05/09/07010	L935 108006		Addition
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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:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/19/07

786-277-6129