

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000111819

Entity Name: ORIGINET LLC

FILED
Sep 19, 2006
Secretary of State

Current Principal Place of Business:

335 NAVARRE AVENUE #7
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

335 NAVARRE AVENUE #7
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-3816545 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:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: FRANK RODRIGUEZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PEREZ-FEBLES, THOMAS J
Address: 335 NAVARRE AVENUE #7
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: GARCIA, SARA
Address: 335 NAVARRE AVENUE #7
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PEREZ-FEBLES, TOMAS J
Address: 335 NAVARRE AVENUE #7
City-St-Zip: CORAL GABLES, FL 33134

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: TOMAS J. PEREZ-FEBLES

MGR

09/19/2006

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