

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 10 AM 10:03

<b>DOCUMENT # L05000113282</b> 1. Entity Name <b>HALLSOL L.L.C</b>					
Principal Place of Business <b>3438 NE 210 TERRACE MIAMI, FL 33180 US</b>			Mailing Address <b>3438 NE 210 TERRACE MIAMI, FL 33180 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>2645 FILLMORE ST</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>HOLLYWOOD FL</b> Zip <b>33020</b>		4. FEI Number <b>20-4438147</b> Applied For <input type="checkbox"/> Not Applicable	
Country		Country <b>Broward</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351</b>				7. Name and Address of New Registered Agent Name <b>ROSEMARY MALDONADO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2645 FILLMORE ST.</b> City <b>HOLLYWOOD</b> <b>FL</b> Zip Code <b>33020</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE <b>10/5/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLANO, GLORIA M 3438 NE 210 TERRACE MIAMI, FL 33180 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100080634851</b> <b>10/10/06--01062--018 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLANO, ADRIANA 19999 EAST COUNTRY CLUB DRIVE AVENTURA, FL 33180 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE <b>10/5/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					