

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -2 AM 10:48



01312007 REIN-LLC CR2E101 (1/07)

4. FEI Number ☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAHAN, RICHARD J.A. ESQ.
C/O BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA, 10TH FLOOR
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: Pearson and Associates LLC
Street Address (P.O. Box Number is Not Acceptable):
5531 N. University Drive
Surfelol
City: Coral Springs FL Zip Code: 33067

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: Justin M. Pearson DATE: 01/31/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$200.00

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: GARCIA, FELIPE ☒ Delete
STREET ADDRESS: 350 JIM MORAN BLVD., SUITE 101
CITY-ST-ZIP: DEERFIELD BEACH, FL 33442

TITLE: SG-Gibraltar Holding ☐ Delete
NAME: Trust
STREET ADDRESS: c/o Sovereign (Bahamas)
CITY-ST-ZIP: Limited

Address continued
TITLE: Ansbacher House ☐ Delete
NAME: Shirley and East Streets North
STREET ADDRESS: Nassau, Bahamas
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 100087499951
CITY-ST-ZIP: 02/06/07--01045--012 **150.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 100087499951
CITY-ST-ZIP: 02/06/07--01045--013 **50.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: REINSTATEMENT 06-07
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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: Justin M. Pearson

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

Date: 01/31/07 (954) 752-7334
Daytime Phone #