2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR 11 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01242007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000117972

1. Entity Name
NEWS 2005, LLC

Principal Place of Business
2121 PONCE DE LEON BLVD., SUITE 1100
C/O GOLDSTEIN SCHECHTER PRICE, ET. AL.
CORAL GABLES, FL 33134

Mailing Address
2121 PONCE DE LEON BLVD., SUITE 1100
C/O GOLDSTEIN SCHECHTER PRICE, ET. AL.
CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

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

ALFANO, GASPARE
2121 PONCE DE LEON BLVD., SUITE 1100
C/O GOLDSTEIN SCHECHTER PRICE, ET. AL.
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | Zip Code

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 X
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete ALFANO, GASPARE 2121 PONCE DE LEON BLVD., SUITE 1100 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700097314297 ☐ Change ☐ Addition 04/18/07--01014--014 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete YOLYART DEL VALLE MASROUA GARCIA 2121 PONCE DE LEON BLVD., SUITE 1100 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 06-07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #