

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000119178	
1. Entity Name MISOL LLC	

Principal Place of Business 201 S. BISCAYNE BLVD., 28TH FLOOR MIAMI, FL 33131	Mailing Address 201 S. BISCAYNE BLVD., 28TH FLOOR MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

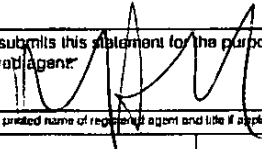
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07 OCT 17 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10052007 REIN-LLC CR2E101 (1/07)



4. FEI Number 20-4100849	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ABADI, RICHI 201 S. BISCAYNE BLVD., 28TH FLOOR MIAMI, FL 33131	
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  DATE 10/10/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

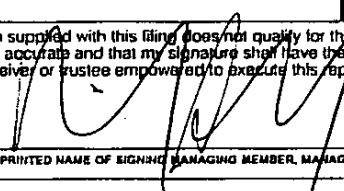
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MISHAAN, STEVEN 201 S. BISCAYNE BLVD., 28TH FLOOR MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600110907216 10/17/07--01059--015 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABADI, RICHI 201 S. BISCAYNE BLVD., 28TH FLOOR MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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REINSTATEMENT

2007 DB

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 10/10/07 DAYTIME PHONE #

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