

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000000942

FILED
Sep 24, 2007
Secretary of State

Entity Name: HIKARI, LLC

Current Principal Place of Business:

7651 NW 114 PATH
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

7651 NW 114 PATH
DORAL, FL 33178

New Mailing Address:

FEI Number: 20-8324442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

ARENAS, ISOCRATES J
7652 NW 116 PLACE
DORAL, FL 33178 US

Name and Address of New Registered Agent:

ARENAS, ISOCRATES J
7651 NW 114 PATH
DORAL, FL 33178 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: ARENAS, ISOCRATES

09/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARENAS, ISOCRATES J
Address: 7652 NW 116 PLACE
City-St-Zip: DORAL, FL 33178

Title: MGR () Delete
Name: DELGADO, MERCEDES Z
Address: 7652 NW 116 PLACE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARENAS, ISOCRATES J
Address: 7651 NW 114 PATH
City-St-Zip: DORAL, FL 33178

Title: MGR (X) Change () Addition
Name: DELGADO, MERCEDES Z
Address: 7651 NW 114 PATH
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify 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: ARENAS, ISOCRATES

MR

09/24/2007

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