2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 28, 2009
Secretary of State

DOCUMENT# L06000003409

Entity Name: FLORIDA PROPERTIES MARKETING GROUP, LLC

Current Principal Place of Business:

5985 S. UNIVERSITY DR
133
FT. LAUDERDALE, FL 33328

New Principal Place of Business:

2450 HOLLYWOOD BOULEVARD
#701
HOLLYWOOD, FL 33020

Current Mailing Address:

5985 S. UNIVERSITY DR
133
FT. LAUDERDALE, FL 33328

New Mailing Address:

2450 HOLLYWOOD BOULEVARD
#701
HOLLYWOOD, FL 33020

FEI Number: 20-4078253 **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:

WISE, PHILIP
6601 NW 167 ST
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

WISE, PHILIP
2450 HOLLYWOOD BOULEVARD
#701
HOLLYWOOD, FL 33020 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: PHILIP WISE 09/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WISE, SHIRLEY
Address: 5985 S. UNIVERSITY DR, # 133
City-St-Zip: FT LAUDERDALE, FL 33328

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WISE, SHIRLEY
Address: 2450 HOLLYWOOD BOULEVARD, #701
City-St-Zip: HOLLYWOOD, FL 33020

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: SHIRLEY WISE MGRM 09/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date