

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000019759

Entity Name: NIKIN CYBER CAFE, LLC

FILED
Nov 07, 2007
Secretary of State

Current Principal Place of Business:

180 NW 183RD STREET
SUITE 103
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

180 NW 183RD STREET
SUITE 103
MIAMI, FL 33169

New Mailing Address:

FEI Number: 20-8083549 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:

OWANIKIN, JOSEPH A
970 NW 202 STREET
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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: JOSEPH A. OWANIKIN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OWANIKIN, JOSEPH A
Address: 971 NW 202 STREET
City-St-Zip: MIAMI, FL 33169

Title: MGRM () Delete
Name: PHILIDOR, ANTOINE
Address: 14615 NE 5TH CT
City-St-Zip: N MIAMI, FL 33162

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: JONALD, CHEREMOND
Address: 180 NW 183RD ST STE 103
City-St-Zip: MIAMI, FL 33169

Title: MGR () Change (X) Addition
Name: JACQUES, SANON
Address: 180 NW 183RD ST STE 103
City-St-Zip: MIAMI, FL 33169

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: JOSEPH A. OWANIKIN

MGR

11/07/2007

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