

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000020946

Entity Name: GONVI, L.L.C.

FILED
Oct 30, 2007
Secretary of State

Current Principal Place of Business:

830 LAVENDER CIR.
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

830 LAVENDER CIR.
WESTON, FL 33327

New Mailing Address:

FEI Number: 20-4382215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIOS, LEOPOLDO J
2800 GLADES CIRCLE, SUITE E-102
WESTON, FL 33327 US

Name and Address of New Registered Agent:

RIOS, LEOPOLDO J
11904 MIRAMAR PKWY
MIRAMAR, FL 33025 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: LEOPOLDO RIOS

10/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DE BENET, DORKYS
Address: 830 LAVENDER CIR.
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: GONZALEZ, DORKA
Address: 830 LAVENDER CIR.
City-St-Zip: WESTON, FL 33327

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

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: DE GONZALEZ, MARIA A
Address: 830 LAVENDER CIR.
City-St-Zip: WESTON, FL 33327

Title: MGRM () Change (X) Addition
Name: BENET, JORGE
Address: 830 LAVENDER CIR.
City-St-Zip: WESTON, FL 33327

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: DORKYS DE BENET

MGRM

10/30/2007

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