

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000029445

Entity Name: SHAKAITUTU, LLC

FILED
Oct 29, 2007
Secretary of State

Current Principal Place of Business:

460 NW 20TH ST
APT 112
BOCA RATON, FL 33431 US

Current Mailing Address:

460 NW 20TH ST
APT 112
BOCA RATON, FL 33431 US

New Principal Place of Business:

6308 B LACOSTA DRIVE
APT B
BOCA RATON, FL 33433 US

New Mailing Address:

6308 B LACOSTA DRIVE
APT B
BOCA RATON, FL 33433 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

ALTERMAN, HOWARD P P.A.
5301 NORTH FEDERAL HIGHWAY
SUITE 340
BOCA RATON, FL 33487 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: ALTERMAN, HOWARD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAZENEUVE, EVENS
Address: 460 NW 20TH ST APT 112
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR () Delete
Name: LOUIS, JIMMY
Address: 1100 NW 186 ST
City-St-Zip: MIAMI, FL 33169 US

Title: MGR () Delete
Name: FRANCOIS, CANCY
Address: 551 NW 189 TER
City-St-Zip: MIAMI, FL 33169 US

Title: MGR () Delete
Name: BEAUVAIS, MICHELOT
Address: 2526 WEST TENNESSEE ST
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: MGR () Delete
Name: CASSAMAJOR, JHONNY
Address: 190 FICUS TREE DR
City-St-Zip: LANTANA, FL 33462 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAZENEUVE, EVENS
Address: 6308 B LACOSTA DRIVE
City-St-Zip: BOCA RATON, FL 33431 US

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

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

Title: MGR (X) Change () Addition
Name: BEAUVAIS, MICHELOT
Address: 29 N.W 47 TERRACE
City-St-Zip: MIAMI, FL 33127 US

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

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: EVENS, CAZ

MGR

10/29/2007

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