2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 25, 2007
Secretary of State

DOCUMENT# L06000049386

Entity Name: NORELKYS BLAZEKOVIC LLC

Current Principal Place of Business:

520 WEST AVENUE
APT 803
MIAMI BEACH, FL 33139

New Principal Place of Business:

540 WEST AVENUE
APT 814
MIAMI BEACH, FL 33139

Current Mailing Address:

520 WEST AVENUE
APT 803
MIAMI BEACH, FL 33139

New Mailing Address:

540 WEST AVENUE
APT 814
MIAMI BEACH, FL 33139

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:

BLAZEKOVIC, NORELKYS
520 WEST AVENUE
APT # 803
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

BLAZEKOVIC, NORELKYS
540 WEST AVENUE
APT # 814
MIAMI BEACH, FL 33139 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: NORELKYS BLAZEKOVIC 10/25/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BLAZEKOVIC, NORELKYS
Address: 520 WEST AVENUE # 803
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BLAZEKOVIC, NORELKYS
Address: 540 WEST AVENUE # 814
City-St-Zip: MIAMI BEACH, FL 33139

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: NORELKYS BLAZEKOVIC P 10/25/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date