2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000055179

Entity Name: FAB SOLUTIONS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
301 GOLDEN ISLE DRIVE 211 HALLANDALE BEACH, FL 33009	7919 SW 104 STREET F-108 MIAMI, FL 33156

Current Mailing Address:	**New Mailing Address:**
301 GOLDEN ISLE DRIVE 211 HALLANDALE BEACH, FL 33009	7919 SW 104 STREET F-108 MIAMI, FL 33156

FEI Number: 42-1705576   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:	**Name and Address of New Registered Agent:**
BLANCO, FRANCISCO A CEO 301 GOLDEN ISLE DRIVE, 211 HALLANDALE BEACH, FL 33009 US	BLANCO, FRANCISCO A CEO 7919 SW 104 STREET F-108 MIAMI, FL 33156 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: FRANCISCO A. BLANCO   10/01/2009
_____
              Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	P	( ) Delete	Title:	P	(X) Change ( ) Addition
Name:	BLANCO, FRANCISCO A		Name:	BLANCO, FRANCISCO A	
Address:	301 GOLDEN ISLE DRIVE, 211		Address:	7919 SW 104 STREET	
City-St-Zip:	HALLANDALE BEACH, FL 33009		City-St-Zip:	MIAMI, FL 33156	

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: FRANCISCO A. BLANCO   MR.   10/01/2009
_____
        Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date