

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
Oct 03, 2007  
Secretary of State

DOCUMENT# L06000063420

Entity Name: M.D.P.N. INVESTMENTS LLC

**Current Principal Place of Business:**

5809 N THATCHER AVENUE  
TAMPA, FL 33614

**New Principal Place of Business:**

8153 HARDSTONE DRIVE  
WEBSTER, FL 33597

**Current Mailing Address:**

5809 N THATCHER AVENUE  
TAMPA, FL 33614

**New Mailing Address:**

8153 HARDSTONE DRIVE  
WEBSTER, FL 33597

FEI Number: FEI Number Applied For (X) 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:**

DONNA, ALVAREZ  
5809 N THATCHER AVENUE  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

DONNA, ALVAREZ  
8153 HARDSTONE DRIVE  
WEBSTER, FL 33597 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: DCA

10/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALVAREZ, MANUEL A  
Address: 5809 N THATCHER AVENUE  
City-St-Zip: TAMPA, FL 33614 US

Title: MGR ( ) Delete  
Name: ALVAREZ, DONNA C  
Address: 7520 N CLARK AVENUE  
City-St-Zip: TAMPA, FL 33614 US

Title: MGR (X) Delete  
Name: PUENTES, PATRICK  
Address: 34100 CORNERSTONE  
City-St-Zip: WEBSTER, FL 33597 US

Title: MGR (X) Delete  
Name: PUENTES, NICOLE  
Address: 34100 CORNERSTONE  
City-St-Zip: WEBSTER, FL 33597 US

**ADDITIONS/CHANGES:**

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

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

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

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: DONNA C ALVAREZ

MGR

10/03/2007

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