2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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CANSAC GROUP, LLC 2001 DEC -14 AM 11: 22 2001 DEC -1							There's Lawrence and the			
2. Prescape Place of Business - No PO. Box # 782 NM 42ND AVENUE Suite, Api * etc #43.0 Suite Api * etc #43.0					2007 DEC -4	AM 11: 22				
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Suite, Apt #, etc. #4.30 #3.00		/ENTIE								
City & State	Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		11202007	REIN-LLC	CR2E101 (1/07	')	
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DIAZ, LOURDES 2301 NW TTH AVE MIAMI, FL 93127 8. 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. Lam familiar with, and accept the obthightions of registered agent. SIGNATURE FILE NOW!!! FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited flability company did not receive the prior notice. FILE NOW!!! FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited flability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS INTEL ADDRESS STREET ADDRESS STREET ADDRESS 10. ADDITIONS/CHANGES STREET ADDRESS 11. ADDITIONS/CHANGES STREET ADDRESS 12. ADDITIONS/CHANGES STREET ADDRESS 13. ADDITIONS/CHANGES STREET ADDRESS 14. ADDITIONS/CHANGES STREET ADDRESS 15. ADDITIONS/CHANGES STREET ADDRESS 10. ADDITIONS/CHANGES STREET ADDRESS STREET ADDRESS 10. ADDITIONS/CHANGES STREET ADDRESS 11. 29/0701050001 **50.00 Additional		'		1 '		5. Certificate	e of Status Desired			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the	9. IITLE NAME STREET ADDRESS CITY- ST-ZIP IITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP IITLE NAME STREET ADDRESS CITY- ST-ZIP IITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MGRM -DIAZ, LOURDES- 130 NW 51 AVE	Delete Delete Delete	I 10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OPER, JUAN 1020 MIAM	ATING MANA L MALDONA 6'IH STREEL I BEACH FI	ADDITIONS, AGER/SECRETAR ADOITIONS AGER/SECRETAR ADO ET 2, 33139	Department of State Changes Y Changes Changes Changes Changes Changes	Addition Addition Addition Addition Addition	
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