

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000075028

FILED  
Nov 19, 2007  
Secretary of State

Entity Name: MIROGLYPHICS LLC

**Current Principal Place of Business:**

1581 W 39TH ST., PMB 309  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1581 W 39TH ST., PMB 309  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 20-5298742      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:**

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN ROAD STE 400  
MIAMI BEACH, FL 33139    US

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

COLLEY, GERALD A CEO  
P.O. BOX 28277  
MIAMI, FL 33002    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: GERALD A. COLLEY

11/19/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COLLEY, GERALD A  
Address: 1581 W 39TH ST., PMB 309  
City-St-Zip: HIALEAH, FL 33012

Title: MGRM (X) Delete  
Name: MONROE, ROBERT  
Address: 1581 W 39TH ST., PMB 309  
City-St-Zip: HIALEAH, FL 33012

Title: MGRM (X) Delete  
Name: COLLEY, DELORIS R  
Address: 1581 W 39TH ST., PMB 309  
City-St-Zip: HIALEAH, FL 33012

Title: MGRM (X) Delete  
Name: TERRY, CLAUDETTE  
Address: 1581 W 39TH ST., PMB 309  
City-St-Zip: HIALEAH, FL 33012

Title: MGR (X) Delete  
Name: POWELL, NATASHA  
Address: 1581 W 39TH ST., PMB 309  
City-St-Zip: HIALEAH, FL 33012

Title: MGR (X) Delete  
Name: THOMPSON, BRIAN  
Address: 1581 W 39TH ST., PMB 309  
City-St-Zip: HIALEAH, FL 33012

**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:

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: GERALD A. COLLEY

MR

11/19/2007

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