

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000082013

Entity Name: ZOE INTERACTIVA, LLC

FILED
Oct 25, 2007
Secretary of State

Current Principal Place of Business:

401 CHANNELSIDE WALK WAY
1469
TAMPA, FL 33602

Current Mailing Address:

401 CHANNELSIDE WALK WAY
1469
TAMPA, FL 33602

New Principal Place of Business:

501 KNIGHTS RUN AVE
APT 2307
TAMPA, FL 33602

New Mailing Address:

501 KNIGHTS RUN AVE
APT 2307
TAMPA, FL 33602

FEI Number: 20-5399558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, GILBERTO E ESQ.
101 E KENNEDY BLVD
3170
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

SANCHEZ LAW OFFICES, P.A.
114 SOUTH FREMONT AVE
TAMPA, FL 33606 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: GILBERTO E. SANCHEZ, ESQ

10/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CORTES, JOSE A
Address: 401 CHANNELSIDE WALK WAY APT 1469
City-St-Zip: TAMPA, FL 33602

Title: MGRM (X) Delete
Name: CORTES, DIANA S
Address: 401 CHANNELSIDE WALK WAY APT 1469
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CORTES, JOSE A
Address: 501 KNIGHTS RUN AVE. APT. 2307
City-St-Zip: TAMPA, FL 33602

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: JOSE A. CORTES

MGRM

10/25/2007

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