

**2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 24, 2008  
Secretary of State**

DOCUMENT# L06000088962

Entity Name: JOSEPH ZAPPOLI CONSULTING LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

6575 NORTH STATE ROAD 7  
#277  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

**New Mailing Address:**

6575 NORTH STATE ROAD 7  
#277  
COCONUT CREEK, FL 33073

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

JOSEPH, ZAPPOLI J  
6574 NORTH STATE ROAD 7  
277  
COCONUT CREEK, FL 33073 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: JOSEPH ZAPPOLI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: JOSEPH, ZAPPOLI J  
Address: 6574 NORTH STATE ROAD 7 #277  
City-St-Zip: COCONUT CREEK, FL 33073

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: JOSEPH ZAPPOLI

P

10/24/2008

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