

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000093472

Entity Name: ACINONYX LLC

FILED
Oct 21, 2008
Secretary of State

Current Principal Place of Business:

9501 ARLINGTON EXPRESS
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

7227 ATLANTIC BLV
SUITE 3
JACKSONVILLE, FL 32211 US

Current Mailing Address:

4531 COBBLEFIELD CIR E
JACKSONVILLE, FL 32224 US

New Mailing Address:

3701 DANFORTH DRIVE
1208
JACKSONVILLE, FL 32224 US

FEI Number: 20-5593434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

DULANTO, JORGE A SR
4531 COBBLEFIELD CIR E
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

DULANTO, JORGE A SR
3701 DANFORTH DRIVE
1208
JACKSONVILLE, FL 32224 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: JORGE DULANTO

10/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JORGE, DULANTO A SR
Address: 4531 COBBLEFIELD CIR E
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JORGE, DULANTO A SR
Address: 3701 DANFORTH DRIVE APT 1208
City-St-Zip: JACKSONVILLE, FL 32224

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: JORGE DULANTO

MGR

10/21/2008

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