

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000094028

FILED
Sep 30, 2008
Secretary of State

Entity Name: INTERCONTINENTAL MANAGEMENT SOLUTIONS LLC

Current Principal Place of Business:

440 FONTANA CIR, STE 208
OVIEDO, FL 32765

New Principal Place of Business:

440 FONTANA CIR
SUITE 208
OVIEDO, FL 32765

Current Mailing Address:

440 FONTANA CIR, STE 208
OVIEDO, FL 32765

New Mailing Address:

440 FONTANA CIR
SUITE 208
OVIEDO, FL 32765

FEI Number: 20-5604050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELHAYEK, HASSAN C
440 FONTANA CIR, STE 208
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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: HASSAN ELHAYEK

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PIEDRAHITA, JUAN C
Address: 440 FONTANA CIR, STE 208
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: ELHAYEK, HASSAN
Address: 440 FONTANA CIR, STE 208
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

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: HASSAN ELHAYEK

D

09/30/2008

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