2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 15, 2007
Secretary of State

DOCUMENT# L06000094231

Entity Name: MAT FORREST ENTERPRISES LLC

Current Principal Place of Business:

1801 N. FLAGLER DRIVE, #717
WEST PALM BEACH, FL 33407

New Principal Place of Business:

378 ALHAMBRA PLACE
WEST PALM BEACH, FL 33405

Current Mailing Address:

1801 N. FLAGLER DRIVE, #717
WEST PALM BEACH, FL 33407

New Mailing Address:

378 ALHAMBRA PLACE
WEST PALM BEACH, FL 33405

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:

FORREST, MAT
1801 N. FLAGLER DRIVE, #717
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

FORREST, MATHEW
378 ALHAMBRA PLACE
WEST PALM BEACH, FL 33405 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: MATHEW FORREST 11/15/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FORREST, MAT
Address: 1801 N. FLAGLER DRIVE, #717
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FORREST, MAT
Address: 378 ALHAMBRA PLACE
City-St-Zip: WEST PALM BEACH, FL 33405

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: MATHEW FORREST MGRM 11/15/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date