

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000095325

Entity Name: FLAT WORLD ENERGY LLC

FILED  
Oct 08, 2007  
Secretary of State

**Current Principal Place of Business:**

2530 NE 209TH TERRACE  
MIAMI, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**  
2530 NE 209TH TERRACE  
MIAMI, FL 33180 US

**New Mailing Address:**

FEI Number: 06-1795389      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

HANDLER, AMNON  
1672 NE 205TH TERRACE  
MIAMI, FL 33179 US

**Name and Address of New Registered Agent:**

HANDLER, AMNON  
1674 NE 205TH TERRACE  
MIAMI, FL 33179 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: AMNON HANDLER

10/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HANDLER, AMNON  
Address: 2530 NE 209TH TERRACE  
City-St-Zip: MIAMI, FL 33180 US

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: LOURIE, GARY  
Address: 2530 NE 209TH TERRACE  
City-St-Zip: MIAMI, FL 33180 US

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: AMNON HANDLER

MGRM

10/08/2007

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