

**2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
May 20, 2008  
Secretary of State**

DOCUMENT# L06000099962

Entity Name: 401 SHARAR LLC

**Current Principal Place of Business:**

821 BURLINGTON STREET  
OPA LOCKA, FL 33054 US

**New Principal Place of Business:**

**Current Mailing Address:**

821 BURLINGTON STREET  
OPA LOCKA, FL 33054 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      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:**

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

ALFONSO, NORBERTO  
821 BURLINGTON STREET  
OPA LOCKA, FL 33054 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: NORBERTO ALFONSO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALFONSO, NORBERTO  
Address: 821 BURLINGTON STREET  
City-St-Zip: OPA LOCKA, FL 33054 US

**ADDITIONS/CHANGES:**

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: NORBERTO ALFONSO

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05/20/2008

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