2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000103902

Entity Name: CLERMONT & CLERMONT LLC

FILED Oct 07, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19370 COLLINS AVE 6200 S FALL CIRCLE

1219 APT 406

SUNNY ISLES BEACH, FL US FT LAUDERDALE, FL 33319 US

Current Mailing Address: New Mailing Address:

19370 COLLINS AVE 6200 S FALLS CIRCLE DRIVE

1219 406

SUNNY ISLES BEACH, FL 33160 US FT LAUDERDALE, FL 33319 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent:

FRED, CLERMONT J
19370 COLLINS AVE
FRED, CLERMONT J
6200 S FALLS CIRCLE

1219

SUNNY ISLES BEACH, FL 33160 US FT LAUDERDALE, FL 33319 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: FRED J CLERMONT 10/07/2007

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 FRED, CLERMONT J
 Name:
 FRED, CLERMONT J

 Address:
 19370 COLLINS AVE
 SUITE 1219
 Address:
 6200 S FALLS CIRCLE

City-St-Zip: SUNNY ISLES, FL 33160 US City-St-Zip: FT LAUDERDALE, FL 33319 US

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: FRED J CLERMONT MR 10/07/2007