


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

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|------------------------------|--|---|
| DOCUMENT # L06000113465 | |  |
| 1. Entity Name ZONED, LLC | | |

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| Principal Place of Business 5808 S.W. 64TH PLACE MIAMI, FL 33143 | Mailing Address 5808 S.W. 64TH PLACE MIAMI, FL 33143 |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED
2009 MAR 17 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03032009 REIN-LLC CR2E101 (1/07)

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent CABADA-PENICHET, BRIDGET C 5808 S.W. 64TH PLACE MIAMI, FL 33143 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|--|--|--|--|

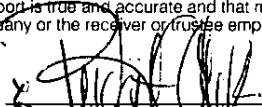
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$277.50 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
|------------------------------------|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CABADA-PENICHET, BRIDGET C 5808 S.W. 64TH PLACE MIAMI, FL 33143 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700145992067 03/17/09--01010--017 **277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **305-821-5500** **3/11/09**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #