

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000119742

FILED
May 13, 2008
Secretary of State

Entity Name: FARO SPA, LLC

Current Principal Place of Business:

21200 POINT PLACE, UNIT 2404
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

21200 POINT PLACE, UNIT 2404
AVENTURA, FL 33180 US

New Mailing Address:

999 PONCE DE LEON BLVD.
SUITE 20
CORAL GABLES, FL 33134 US

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:

PAUL FELDMAN, P.A.
407 LINCOLN ROAD, SUITE 701
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

KAPLAN AND MILLER, PA
999 PONCE DE LEON BLVD.
SUITE 20
CORAL GABLES, FL 33134 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: ELI KAPLAN

05/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BONI, VITTORIO
Address: 21200 POINT PLACE, UNIT 2404
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR () Delete
Name: KAPLAN, ELI
Address: 999 PONCE DE LEON BLVD., SUITE 20
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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: ELI KAPLAN

MGR

05/13/2008

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