2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000000493

Entity Name: JOSEPH'S SUPPLIES LLC

C.C. LAS DELICIAS PLANTA BAJA LOC.4

MARACAY-ARAGUA, AR 1080 VE

Address:

City-St-Zip:

FILED Oct 23, 2007 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 11010NW 92TER SUITE 4 MEDLEY, FL 33178 **New Mailing Address: Current Mailing Address:** 9737NW 41ST 4900 NW 79 AV. #422 #103 DORAL, FL 33178 US DORAL, FL 33166 US FEI Number: 32-0189655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALVAREZ, EDUARDO J 9737NW 41ST #422 DORAL, FL 33178 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: ALVAREZ EDUARDO Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: **PRES** () Delete Title: () Change () Addition SUMINISTROS JOSEP C., A. Name: Name: Address: C.C. LAS DELICIAS PLANTA BAJA LOC. 4 Address: City-St-Zip: MARACAY- ARAGUA, AR 1080 VE City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: GOMEZ, SIMEON J Name: Address: C.C. LAS DELICIAS PLANTA BAJA LOC. 4 Address: City-St-Zip: MARACAY-ARAGUA, AR 1080 VE City-St-Zip: Title: TRS () Delete Title: () Change () Addition RAMOS, OMARELIS C Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: GOMEZ SIMEON PRES 10/23/2007