
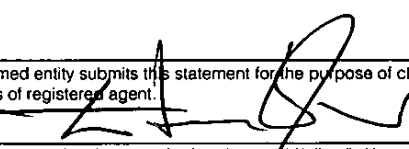
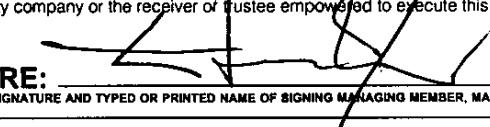


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

|  |   |         |  |   |   |   |  |
|--|---|---------|--|---|---|---|--|
| <b>DOCUMENT # L07000006542</b><br>1. Entity Name<br><b>LIBERTY BUSINESS, LLC</b>   |   |         |  |    |   | <b>FILED</b><br><b>08 NOV 19 PM 1:15</b><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA    |  |
| Principal Place of Business<br><b>260 CRANDON BLVD., SUITE 32-410<br/>KEY BISCAYNE, FL 33149</b>   |   |         |  | Mailing Address<br><b>260 CRANDON BLVD., SUITE 32-410<br/>KEY BISCAYNE, FL 33149</b>  |   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   |         |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |   |  |
| City & State   |   |         |  | City & State  |   |   |  |
| Zip  |   | Country |  | Zip   |   | Country   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PASSO, EDUARDO<br/>260 CRANDON BLVD., SUITE 32-410<br/>KEY BISCAYNE, FL 33149</b>  |   |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |         |  | DATE <b>11-18-08</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After January 1, 2009, Fee will be \$277.50</b>   |   |         |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  |   |   |  |
| Make check payable to<br><b>Florida Department of State</b>  |   |         |  |   |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |         |  | <b>10. ADDITIONS/CHANGES</b>  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>PASSO, EDUARDO<br>260 CRANDON BLVD., SUITE 32-410<br>KEY BISCAYNE, FL 33149 |         |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>BASILE, JOSE C<br>260 CRANDON BLVD., SUITE 32-410<br>KEY BISCAYNE, FL 33149 |         |  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | MGRM<br>VOLTAIRE GASPAR FILHO<br>260 CRANDON BLVD. SUITE 32-410<br>KEY BISCAYNE, FL 33149 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| <div style="text-align: center;"> <b>REINSTATEMENT</b> <span style="font-size: 2em; margin-left: 20px;">2008</span> </div>   |   |         |  |   |   |   |  |
| 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |         |  | DATE <b>11-18-08</b><br><small>Date</small>   |   |   |  |