2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L07000018656

Entity Name: MOONSILK, LLC

Current Principal Place of Business:

500 S. WASHINGTON DRIVE, #6B
SARASOTA, FL 34236

New Principal Place of Business:

1990 MAIN STREET, SUITE 801
SARASOTA, FL 34236

Current Mailing Address:

500 S. WASHINGTON DRIVE, #6B
SARASOTA, FL 34236

New Mailing Address:

1990 MAIN STREET, SUITE 801
SARASOTA, FL 34236

FEI Number: 20-8485947 **FEI Number Applied For ( )** **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:

DESJARLAIS, MARY LYNN ESQ.
2750 STICKNEY POINT ROAD, SUITE 201
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

GLENDINNING, RENEA M CPA
1990 MAIN STREET, SUITE 801
SARASOTA, FL 34236 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: RENEA M. GLENDINNING 04/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HALLDORSSON, OTTARR A
Address: 500 S. WASHINGTON DRIVE, #6B
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HALLDORSSON, OTTARR A
Address: 1990 MAIN STREET, SUITE 801
City-St-Zip: SARASOTA, FL 34236

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: OTTARR HALLDORSSON MGRM 04/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date