

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000024399

FILED
Dec 02, 2009
Secretary of State

Entity Name: FIBERFORCE COMMUNICATIONS LLC

Current Principal Place of Business:

450 ALTON ROAD
3206
MIAMI BEACH, FL 33139

New Principal Place of Business:

1348 WASHINGTON AVENUE
SUITE 261
MIAMI BEACH, FL 33139

Current Mailing Address:

450 ALTON ROAD
3206
MIAMI BEACH, FL 33139

New Mailing Address:

1348 WASHINGTON AVENUE
SUITE 261
MIAMI BEACH, FL 33139

FEI Number: 20-8607321 **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:

FREDERIC, ELMALEH D
450 ALTON ROAD
SUITE 3206
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

FREDERIC, ELMALEH D
1348 WASHINGTON AVENUE
SUITE 261
MIAMI BEACH, FL 33139 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: FREDERIC ELMALEH

12/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ELMALEH, FREDERIC D
Address: 450 ALTON ROAD SUITE 3206
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ELMALEH, FREDERIC D
Address: 1348 WASHINGTON AVENUE, SUITE 261
City-St-Zip: MIAMI BEACH, FL 33139

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: FREDERIC ELMALEH

MGR

12/02/2009

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