

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000036897

Entity Name: LOHANCO, LLC

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

490 SAWGRASS CORPORATE PARKWAY  
SUITE 330  
SUNRISE, FL 33325

## New Principal Place of Business:

1101 BRICKELL AVENUE  
STE 1103  
MIAMI, FL 33131

## Current Mailing Address:

490 SAWGRASS CORPORATE PARKWAY  
SUITE 330  
SUNRISE, FL 33325

## New Mailing Address:

1101 BRICKELL AVENUE  
STE 1103  
MIAMI, FL 33131

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:

SINGER, GARY  
490 SAWGRASS CORPORATE PARKWAY  
SUITE 330  
SUNRISE, FL 33325 US

## Name and Address of New Registered Agent:

SINGER, GARY  
4577 NOB HILL ROAD  
STE 206  
SUNRISE, FL 33351 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: GARY SINGER

04/28/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SINGER, GARY  
Address: 490 SAWGRASS CORPORATE PARKWAY, 330  
City-St-Zip: SUNRISE, FL 33325

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LATIN PROJECT, LLC  
Address: 1101 BRICKELL AVE  
City-St-Zip: MIAMI, FL 33131

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: GARY SINGER AIF

MGR

04/28/2009

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