
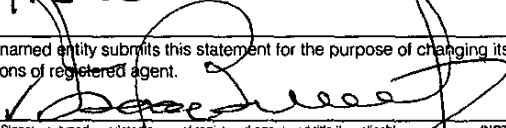
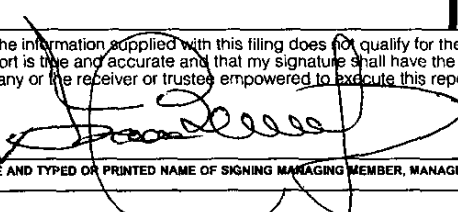


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 NOV 26 AM 11:46

<b>DOCUMENT # L07000049944</b> 1. Entity Name <b>ONE STOP GROUP LLC</b>			
Principal Place of Business <b>2100 NW 99 AVE. DORAL, FL 33172</b>		Mailing Address <b>2100 NW 99 AVE. DORAL, FL 33172</b>	
2. Principal Place of Business - No P.O. Box # <b>2900-B N.W. 77TH CT.</b>		3. Mailing Address <b>2900-B NW 77th CT.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Doral, Florida</b>		City & State <b>Doral, Florida</b>	
Zip <b>33122</b>		Zip <b>33122</b>	
Country 		Country 	
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>Ricardo Lara 2601 A NW 104th Court Doral, FL 33172</b>		7. Name and Address of New Registered Agent Name <b>Isaac Benmergui</b> Street Address (P.O. Box Number is Not Acceptable) <b>2900-B NW 77TH CT</b> City <b>Doral, FL</b> Zip Code <b>33122</b>	
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  DATE <b>11-18-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>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 <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	NAME <b>BENMERGUI, ISAAC</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>2601 A NW 104TH COURT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>DORAL, FL 33172</b>			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
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.		<b>REINSTATEMENT 2008</b>	
SIGNATURE: 		Date <b>11-18-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	