2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Aug 20, 2009
Secretary of State

DOCUMENT# L07000066470

Entity Name: FIBO CONSULTING LLC

Current Principal Place of Business:

18001 N BAY RD
407
SUNNY ISLES, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

18001 N BAY RD
407
SUNNY ISLES, FL 33160 US

New Mailing Address:

FEI Number: 87-0804760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

MAYA, JOHN
18001 N B AY RD
407
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

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: JOHN MAYA

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MAYA, JOHN SR
Address: 18001 N BAY RD/ 407
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: MGR ( ) Delete
Name: JULIAO-MAYA, SANDRA
Address: 18001 N BAY RD / 407
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: MGR ( ) Delete
Name: MAYA, JOHN
Address: 18001 N BAY RD / 407
City-St-Zip: SUNNY ISLES, FL 33160 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN MAYA MR 08/20/2009

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