2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000066595

Entity Name: POSITANO 4G, LLC

City-St-Zip:

HOLLYWOOD, FL 33020

FILED Feb 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1940 HARRISON STREET 3255 NE 184 STREET SUITE 203 12204 HOLLYWOOD, FL 33020 AVENTURA, FL 33160 **Current Mailing Address: New Mailing Address:** 1940 HARRISON STREET 3255 NE 184 STREET SUITE 203 12204 AVENTURA, FL 33160 HOLLYWOOD, FL 33020 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent: CHAVES & ARMSTRONG, PA MARIA, SAN MARTIN C 1940 HARRISON STREET 3255 NE 184 ST 12204 SUITE 203 HOLLYWOOD, FL 33020 US AVENTURA, FL 33160 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: MARIA SAN MARTIN 02/17/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SAN MARTIN, LERIDA M Name: Name: Address: 1940 HARRISON STREET, SUITE 203 Address: HOLLYWOOD, FL 33020 City-St-Zip: City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SAN MARTIN, MARIA C Name: Name: Address: 1940 HARRISON STREET, SUITE 203 Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SAN MARTIN, ANA T Name: Name: 1940 HARRISON STREET, SUITE 203 Address: Address:

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.

City-St-Zip:

SIGNATURE: MARIA SAN MARTIN MGRM 02/17/2009