2009 LIMITED LIABILITY COMPANY

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1. Entity Nam		# L07000072 [*]	713				20	FIL 1		24	
Principal Place of Business 5961 NW 2ND AVE, STE. 308 BOCA RATON, FL 33487 .			Mailing Address 5961 NW 2ND AVE, STI BOCA RATON, FL 3348			TÀ	SECRETARY ALLAHASSE	OF STA E.FLOF	TE RIDA	9 MIRRI IN 1881	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				05282009	REIN-LLC	CR	2E101 (1/07	7)
City & State			City & State			4. FEI Numb	per			Applied For Not Applicable	
Zip	Country		Zip	Count		5. Certificate of Status Desired			\$5.00 A Fee Requi		
	6. Name s	and Address of Current R	legistered Agent	NI	•	7. Name an	d Address of Nev	Registere	d Agent		
WIECZOREK-THEODOROU, ANIELA 5961 NW 2ND AVE, STE. 308 BOCA RATON, FL 33487					Name Street Address (P.O. Box Number is Not Acceptable)						
					City	FL Zip Code					
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 Signature, typed or printed name of registered agent and title if applicable (MOTE: Registered Agent eignature required when reinstating) DATE											
FILE	: NOW!!! FI	EE 18 \$377.50					Make check payable to Florida Department of State				
9. MANAGING MEMBE			S/MANAGERS 10.			ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5961 NW 2	MGR Delete THEODOROU, ANTHONY L 5961 NW 2ND AVE, STE. 308 BOCA RATON, FL 33487			1		□ Change 100156720401 06/03/0901006012 **\$82.5			_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA ST			L L					☐ Change	e Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	:		☐ Delete					(Change	: Addition

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.

SIGNATURE:

andy I. Theodoror

5/28/09 (305) 924-4712