

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000074045

**FILED**  
**Nov 13, 2008**  
**Secretary of State**

**Entity Name:** ADVANCE PROPERTY ASSISTANCE, LLC

**Current Principal Place of Business:**

13615 S. DIXIE HWY  
SUITE 393  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

13615 S. DIXIE HIGHWAY  
SUITE 393  
MIAMI, FL 33176 US

**New Mailing Address:**

15310 SW 152 AVENUE  
MIAMI, FL 33187 US

**FEI Number:** 26-0545292      **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:**

HERNANDEZ, YOHANKA  
15310 SW 152 AVENUE  
MIAMI, FL 33187 US

**Name and Address of New Registered Agent:**

ONE STOP SHOP ENTERPRISES INC.  
10961 SW 186 STREET  
MIAMI, FL 33157 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: JACQUELINE GAINZA

11/13/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HERNANDEZ, YOHANKA  
Address: 13615 S. DIXIE HIGHWAY SUITE 393  
City-St-Zip: MIAMI, FL 33176 US

**ADDITIONS/CHANGES:**

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: YOHANKA HERNANDEZ

MGR

11/13/2008

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