2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 16, 2008
Secretary of State

DOCUMENT# L07000083147

Entity Name: GABRIEL LOPEZ LLC

Current Principal Place of Business:

4382 RIPKEN CIR E.
JACKSONVILLE, FL 32224

New Principal Place of Business:

830-10 A1A. N.
PONTE VEDRA, FL 32082 US

Current Mailing Address:

4382 RIPKEN CIR E.
JACKSONVILLE, FL 32224

New Mailing Address:

4382 RIPKEN CIR E.
JACKSONVILLE, FL 32224 US

FEI Number: 26-0753852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOPEZ, GABRIEL R
4382 RIPKEN CIR E.
JACKSONVILLE, FL 32224 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: GABRIEL LOPEZ

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LOPEZ, GABRIEL R
Address: 4382 RIPKEN CIR E.
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LOPEZ, GABRIEL R
Address: 4382 RIPKEN CIR E.
City-St-Zip: JACKSONVILLE, FL 32224 US

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: GABRIEL LOPEZ MGRM 12/16/2008

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