2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 02, 2009
Secretary of State

DOCUMENT# L07000085535

Entity Name: OM INVESTMENT MANAGEMENT, LLC

Current Principal Place of Business:

15310 AMBERLY DRIVE
SUITE 250
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

15310 AMBERLY DRIVE
SUITE 250
TAMPA, FL 33647

New Mailing Address:

15310 AMBERLY DRIVE
SUITE 250
TAMPA, FL 33647

FEI Number: 26-0842250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

MOVALIA, GIGNESH
15310 AMBERLY DRIVE
SUITE 250
TAMPA, FL 34647 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: GIGNESH MOVALIA

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MFRM ( ) Delete
Name: MOVALIA, GIGNESH
Address: 15310 AMBERLY DRIVE, SUITE 250
City-St-Zip: TAMPA, FL 34647

Title: MGRM ( ) Delete
Name: MOVALIA, SONA
Address: 15310 AMBERLY DRIVE, SUITE 250
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MOVALIA, GIGNESH
Address: 15310 AMBERLY DRIVE, SUITE 250
City-St-Zip: TAMPA, FL 34647

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: GIGNESH MOVALIA MGRM 10/02/2009

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