


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000097850		
1. Entity Name KORELEC LLC		

**FILED**

09 JUN -9 AM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2121 PONCE DE LEON BLVD., SUITE 1100 CORAL GABLES, FL 33134	Mailing Address 2121 PONCE DE LEON BLVD., SUITE 1100 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box # 1841 SW 29th Avenue	3. Mailing Address 1841 SW 29th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FLA	City & State Miami, FLA	4. FEI Number 26-1397020	Applied For Not Applicable
Zip 33145	Country Miami-Dade	Zip 33145	Country Miami-Dade

06032009 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	
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7. Name and Address of New Registered Agent Name Nicolas G Village Liu, CPA Street Address (P.O. Box Number is Not Acceptable) 1841 S.W. 29th Avenue City Miami FL Zip Code 33145	
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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 <u>Richard V. Korsakas</u> DATE <u>6/4/09</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KORSAKAS S., RICHARDO V 2121 PONCE DE LEON BLVD., SUITE 1100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1841 S.W. 29th Avenue Miami, FLA 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition 600156995198 06/10/09--01074--025 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600156995196 06/10/09--01074--025 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600156995198 06/10/09--01074--025 ***2.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600156995196 06/10/09--01074--025 ***2.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Richard V. Korsakas</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>6/4/09</u> Daytime Phone # <u>446 6601</u>