

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000102580

FILED
Apr 15, 2009
Secretary of State

Entity Name: CERAMIC INDUSTRIAL SERVICES, LLC

Current Principal Place of Business:

1148 PONCE DE LEON BLVD
CORAL GABLES, FL 33135

New Principal Place of Business:

114 PONCE DE LEON BLVD
B
CORAL GABLES, FL 33135

Current Mailing Address:

1148 PONCE DE LEON BLVD
CORAL GABLES, FL 33135

New Mailing Address:

114 PONCE DE LEON BLVD
B
CORAL GABLES, FL 33135

FEI Number: **FEI Number Applied For (X)** **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:

ORTEGA, FRANCISCO J
1148 PONCE DE LEON BLVD
CORAL GABLES, FL 33135 US

Name and Address of New Registered Agent:

ORTEGA, FRANCISCO J
114 PONCE DE LEON BLVD
B
CORAL GABLES, FL 33135 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: FRANCISCO J. ORTEGA

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALDARIZ, LUIS A
Address: 1148 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33135

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALDARIZ, LUIS A
Address: 114 PONCE DE LEON BLVD #B
City-St-Zip: CORAL GABLES, FL 33135

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: LUIS A. ALDARIZ

MGRM

04/15/2009

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