

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000124658

FILED
Nov 20, 2008
Secretary of State

Entity Name: FOUNTAIN INTERNATIONAL EAST, LLC

Current Principal Place of Business:

901 PONCE DE LEON BLVD.
SUITE 603
CORAL GABLES, FL 33134

New Principal Place of Business:

7171 CORAL WAY
SUITE 104
MIAMI, FL 33155

Current Mailing Address:

901 PONCE DE LEON BLVD.
SUITE 603
CORAL GABLES, FL 33134

New Mailing Address:

7171 CORAL WAY
SUITE 104
MIAMI, FL 33155

FEI Number: 26-1851649 **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:

ALBORNOZ, WILLIAM E
901 PONCE DE LEON BLVD.
SUITE 603
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

OSORNO, HELDA M
7171 CORAL WAY
SUITE 104
MIAMI, FL 33155 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: HELDA OSORNO

11/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OSORNO, HELDA
Address: 901 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OSORNO, HELDA
Address: 7171 CORAL WAY, STE 104
City-St-Zip: MIAMI, FL 33155

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: HELDA OSORNO

MGR

11/20/2008

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