

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000013696

FILED
Dec 23, 2009
Secretary of State

Entity Name: NORTH POINT SHIPPING CENTER LLC

Current Principal Place of Business:

1090 INNOVATION AVE.
NORTH PORT, FL 34289

New Principal Place of Business:

Current Mailing Address:

1090 INNOVATION AVE.
NORTH PORT, FL 34289

New Mailing Address:

FEI Number: 26-1922589 **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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

KORAMBLIUM, VICTORIA
1090 INNOVATION AVENUE
SUITE A107
NORTH PORT, FL 34289 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: VICTORIA KORAMBLIUM

12/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KORAMBLIUM, VICTORIA
Address: 1090 INNOVATION AVE.
City-St-Zip: NORTH PORT, FL 34289

Title: S () Delete
Name: KORAMBLIUM, VICTORIA
Address: 1090 INNOVATION AVE.
City-St-Zip: NORTH PORT, FL 34289

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VICTORIA KORAMBLIUM

PRES

12/23/2009

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