

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000019921

FILED
Jun 08, 2010
Secretary of State

Entity Name: IAR ACCREDITATION SERVICES, LLC

Current Principal Place of Business:

555 NE 15TH STREET
SUITE 200
MIAMI, FL 33132 US

New Principal Place of Business:

3564 AVALON PARK BLVD. E.
SUITE 1, # 354
ORLANDO, FL 32828 US

Current Mailing Address:

555 NE 15TH STREET
SUITE 200
MIAMI, FL 33132 US

New Mailing Address:

3564 AVALON PARK BLVD. E.
SUITE 1, # 354
ORLANDO, FL 32828 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDENAS, ANIBAL
555 NE 15TH STREET
SUITE 200
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

CARDENAS, ANIBAL
3564 AVALON PARK BLVD. E.
SUITE 1, # 354
ORLANDO, FL 32828 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: ANIBAL CARDENAS

06/08/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CARDENAS, ANIBAL EXEC.D
Address: 3564 AVALON PARK BLVD. E., SUITE 1, # 354
City-St-Zip: MIAMI, FL 32828 US

Title: MGRM
Name: ALVARADO, CELSO ADVISOR
Address: 3564 AVALON PARK BLVD. E., SUITE 1, # 354
City-St-Zip: ORLANDO, FL 32828 US

Title: MGR
Name: PABELLON, ANGEL DIRECTO
Address: 3564 AVALON PARK BLVD. E., SUITE 1, # 354
City-St-Zip: ORLANDO, FL 32828 US

Title: MGR
Name: BOSCH, FE MANAGER
Address: 3564 AVALON PARK BLVD. E., SUITE 1, # 354
City-St-Zip: ORLANDO, FL 32828 US

I hereby 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: ANIBAL CARDENAS

MGRM

06/08/2010

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