

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 19, 2009  
Secretary of State**

DOCUMENT# L08000060016

Entity Name: AVANTI ACQUISITION COMPANY, LLC

**Current Principal Place of Business:**

C/O AVANTI DEVELOPMENT CORPORATION II  
923 N. PENNSYLVANIA AVENUE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AVANTI DEVELOPMENT CORPORATION II  
923 N. PENNSYLVANIA AVENUE  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 26-2847339      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:**

**Name and Address of New Registered Agent:**

SHAPIRO, MARVIN M  
C/O AVANTI DEVELOPMENT CORPORATION II  
923 N. PENNSYLVANIA AVENUE  
WINTER PARK, FL 32789 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: MARVIN M SHAPIRO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: AVANTI DEVELOPMENT CORPORATION II  
Address: 923 N. PENNSYLVANIA AVE  
City-St-Zip: WINTER PARK, FL 32789

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: MARVIN SHAPIRO

VP

10/19/2009

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