

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000093826

FILED
Nov 10, 2009
Secretary of State

Entity Name: ARWEX INTERNATIONAL, LLC

Current Principal Place of Business:

4809 EHRLICH ROAD
SUITE 201
TAMPA, FL 33624 US

New Principal Place of Business:

4201 WOODSTORKS WALK WAY,
SUITE 101
LUTZ, FL 33558 US

Current Mailing Address:

4809 EHRLICH ROAD
SUITE 201
TAMPA, FL 33624 US

New Mailing Address:

4201 WOODSTORKS WALK WAY,
SUITE 101
LUTZ, FL 33558 US

FEI Number: 75-3269718 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:

IMWORLD SERVICES, INC.
424 E. CENTRAL BLVD
#106
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: IMRE SZAFRICS, CEO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUDOLF, ZAJAC MUDR
Address: UL. JOZEFA KRONERA 7112/2
City-St-Zip: BRATISLAVA, SLOVAKIA, SK 81105 SK

Title: MGRM () Delete
Name: ZAJACOVA, ELEONORA
Address: UL. JOZEFA KRONERA 7112/2
City-St-Zip: BRATISLAVA, SLOVAKIA, SK 81105 SK

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: RUDOLF ZAJAC

MGRM

11/10/2009

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