2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 16, 2009
Secretary of State

DOCUMENT# L08000109508

Entity Name: NETWORK UNO LLC

Current Principal Place of Business:

4000 PONCE DE LEON BLVD.
470
CORAL GABLES, FL 33146 US

New Principal Place of Business:

5101 NW 79TH AVE BAY 4
DORAL, FL 33166 US

Current Mailing Address:

4000 PONCE DE LEON BLVD.
470
CORAL GABLES, FL 33146 US

New Mailing Address:

5101 NW 79TH AVE. BAY 4
DORAL, FL 33166 US

FEI Number: 26-4507756 **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:

COOLEY, KATHERINE M
4000 PONCE DE LEON BLVD.
470
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

VILAS BOAS, GUILHERME
1131 OBISPO AVE.
CORAL GABLES, FL 33134 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: GUILHERME VILAS BOAS 10/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: COOLEY, KATHERINE M
Address: 4000 PONCE DE LEON BLVD. #470
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VILAS BOAS, GUILHERME
Address: 1131 OBISPO AVE.
City-St-Zip: CORAL GABLES, FL 33134 US

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: GUILHERME VILAS BOAS MGRM 10/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date