

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000114582

**FILED**  
**Nov 02, 2009**  
**Secretary of State**

**Entity Name:** E-PHONEX INTERNATIONAL, LLC

**Current Principal Place of Business:**

8180 NW 36TH STREET  
239  
DORAL, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8180 NW 36TH STREET  
239  
DORAL, FL 33166

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

CALEJO, LIBBY  
8180 NW 36TH ST  
239  
DORAL, FL 33166 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: YVONNE PORCEL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: E-PHONEX GROUP CORP  
Address: 8180 NW 36TH STREET  
City-St-Zip: DORAL, FL 33166

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

Title: MGR ( ) Delete  
Name: MAIDEL CRUZADO P.A.  
Address: 13673 SW 26TH STREET  
City-St-Zip: MIAMI, FL 33175

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: YVONNE PORCEL

RA

11/02/2009

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