

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M98000000934

FILED
Jun 05, 2007
Secretary of State

Entity Name: PRIME ONE CAPITAL COMPANY, L.L.C.

Current Principal Place of Business:

12530 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071

New Principal Place of Business:

6131 LYONS ROAD
SUITE 101
COCONUT CREEK, FL 33073

Current Mailing Address:

12530 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071

New Mailing Address:

6131 LYONS ROAD
SUITE 101
COCONUT CREEK, FL 33073

FEI Number: 91-1920550 **FEI Number Applied For ()** **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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

BORZILLERI, THOMAS MGRM
6131 LYONS ROAD
SUITE 101
COCONUT CREEK, FL 33073 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: THOMAS BORZILLERI

06/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BORZILLERI, THOMAS
Address: 12530 W ATLANTIC BLVD
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BORZILLERI, THOMAS
Address: 6131 LYONS ROAD
City-St-Zip: COCONUT CREEK, FL 33073

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: THOMAS BORZILLERI

MGRM

06/05/2007

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