

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000000493

FILED
Oct 23, 2007
Secretary of State

Entity Name: JOSEPH'S SUPPLIES LLC

Current Principal Place of Business:

11010NW 92TER
SUITE 4
MEDLEY, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

9737NW 41ST
#422
DORAL, FL 33178 US

New Mailing Address:

4900 NW 79 AV.
#103
DORAL, FL 33166 US

FEI Number: 32-0189655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, EDUARDO J
9737NW 41ST
#422
DORAL, FL 33178 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: ALVAREZ EDUARDO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: SUMINISTROS JOSEP C., A.
Address: C.C. LAS DELICIAS PLANTA BAJA LOC. 4
City-St-Zip: MARACAY- ARAGUA, AR 1080 VE

Title: MGR () Delete
Name: GOMEZ, SIMEON J
Address: C.C. LAS DELICIAS PLANTA BAJA LOC. 4
City-St-Zip: MARACAY-ARAGUA, AR 1080 VE

Title: TRS () Delete
Name: RAMOS, OMARELIS C
Address: C.C. LAS DELICIAS PLANTA BAJA LOC.4
City-St-Zip: MARACAY-ARAGUA, AR 1080 VE

ADDITIONS/CHANGES:

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

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: GOMEZ SIMEON

PRES

10/23/2007

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