

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000103191

FILED
Jul 23, 2008
Secretary of State

Entity Name: MONBRA INVESTMENT, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., SUITE 1050
CORAL GABLES, FL 33134

New Principal Place of Business:

15751 SHERIDAN ST
189
FORT LAUDERDALE, FL 33331

Current Mailing Address:

2121 PONCE DE LEON BLVD., SUITE 1050
CORAL GABLES, FL 33134

New Mailing Address:

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

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD., SUITE 1050
CORAL GABLES, FL 33134 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: MONICA BRAVO MONTERO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MONTERO, MONICA BRAVO
Address: CRA 7, NO. I-65, OFC. 303
City-St-Zip: BOGOTA, COLOMBIA, XX

Title: MGRM () Delete
Name: LEON, JULIO BRAVO
Address: CRA 7, NO. I-65, OFC. 303
City-St-Zip: BOGOTA, COLOMBIA, XX

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MONTERO, MONICA BRAVO
Address: 15751 SHERIDAN ST #189
City-St-Zip: FORT LAUDERDALE, FL 33331

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: MONICA BRAVO MONTERO

MGRM

07/23/2008

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