

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000022845

FILED
Oct 01, 2009
Secretary of State

Entity Name: REBNER INVESTMENTS, LLC

Current Principal Place of Business:

3191 CORAL WAY
SUITE # 634
MIAMI, FL 33145

New Principal Place of Business:

2100 PONCE DE LEON BLVD
SUITE 1100
CORAL GABLES, FL 33134

Current Mailing Address:

3191 CORAL WAY
SUITE # 634
MIAMI, FL 33145

New Mailing Address:

2100 PONCE DE LEON BLVD
SUITE 1100
CORAL GABLES, FL 33134

FEI Number: 26-2102941 **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:

VANHEEL, ALBERTO
3191 CORAL WAY
SUITE # 634
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

VANHEEL, ALBERTO
2100 PONCE DE LEON BLVD
SUITE 1100
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: ALBERTO VANHEEL

10/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VANHEEL, ALBERTO
Address: 3191 CORAL WAY SUITE # 634
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VANHEEL, ALBERTO
Address: 2100 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

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: ALBERTO VANHEEL

MGRM

10/01/2009

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