

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
BUREAU OF CORPORATIONS

FILED

02 NOV 13 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000005098

Name and Mailing Address

0001860 01 FP 0,352 **PRSR T6 0 0615 33132-243735
CEDAR HOLDING, LLC
1 NE 1ST STREET
SUITE 35
MIAMI FL 33132-2437



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1 NE 1ST STREET SUITE 35 MIAMI FL 33132		3. New Principal Place of Business Address City, State, Zip	
5. Date Organized or Qualified To Do Business in Florida 05/03/2000		6. FEI Number 65-1004118	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
8. Name and Address of Current Registered Agent AKAR, JOSEPH 1 NE 1ST STREET, #35 MIAMI FL 33132		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date 11-6-02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	AKAR, JOSEPH	1 NE 1ST ST., #35	MIAMI FL 33132
400008963534 11/13/02--01039--026 **150.00			
REINSTATEMENT			
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CR2E084 (8/02)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

Date

Daytime Phone #

11-6-02 305-379-2801

Typed or printed name of signing Managing Member/Manager

Joseph Akar