


L010000 21278

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 14 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

DOCUMENT # L01000021278

1. Limited Liability Company's Name
ZBA, LLC

2. Principal Office Address 2325 Galiano Street		3. Mailing Office Address 2325 Galiano Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country USA	Zip 33134	Country USA

4. State/Country of Formation FL/Miami-Dade	
5. Date Organized or Qualified To Do Business in Florida 12/10/2001	
6. FEI Number 65-1158625	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Ira B. Price

Street Address (P.O. Box Number is Not Acceptable)
9100 S. Dadeland Blvd.

Suite, Apt. #, Etc.
#1701

City
Miami

State
FL

Zip Code
33156

9. 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 *Ira B. Price* Date 10/10/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Shahnazi, Alisghar	1717 N. Bayshore Drive, #1431	Miami, FL 33132

REINSTATEMENT 2004

11. 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 *Alisghar Shanazi* Date 10-10-04 Daytime Phone # 305.720.3466

Typed or printed name of signing Managing Member/Manager Alisghar Shanazi, Mgr

CR2E041 (10/02)