


L01000021278

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 19 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000021278

1. Limited Liability Company's Name

ZBA LLC

2. Principal Office Address

2325 Galiano Street

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33134

Country

3. Mailing Office Address

2325 Galiano Street

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33134

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

12/10/2001

6. FEI Number

651158625

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$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

REGISTERED AGENT MUST SIGN

Date

5/15/03

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	Ali A. Shahnazi	1717 N. Bayshore Dr. # 1431	Miami, Florida 33132

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REINSTATEMENT 02-03
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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

Date

Daytime Phone# 3058015807

Typed or printed name of signing Managing Member/Manager

Ali A. Shahnazi

CR2E041 (10/02)