

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR -5 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000025369

1. Limited Liability Company's Name

AGO GROUP LLC

CR2E041 (8/05)

2. Principal Office Address 3400 CORAL WAY		3. Mailing Office Address 3400 CORAL WAY	
Suite, Apt. #, etc. SUITE 600		Suite, Apt. #, etc. SUITE 600	
City & State MIAMI		City & State MIAMI	
Zip 33145	Country US	Zip 33145	Country US

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 07/11/2003	
6. FEI Number 510482036	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
FRANK DIAZ

Street Address (P.O. Box Number is Not Acceptable)
3400 CORAL WAY

Suite, Apt. #, Etc.
SUITE 600

City
MIAMI

State
FL

Zip Code
33145

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 02/03/07

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
M	YIZHAK TOLEDANO	19495 Biscayne Blvd #501 Aventura, FL 33180	MIAMI, FLORIDA 33145-3070
MM	DAVID HOURI	19495 Biscayne Blvd #501 Aventura, FL 33180	MIAMI, FLORIDA 33145-3070

REINSTATEMENT 04-06

100096496151
04/11/07--01033--025 **300.00

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 02/03/07 Daytime Phone #

Typed or printed name of signing Managing Member/Manager