

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT -2 AM 10:45

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L03000028677

1. Limited Liability Company's Name

NYMI ENTERPRISES LLC

2. Principal Office Address

7700 BISCAYNE BLVD

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33198

Country

USA

3. Mailing Office Address BERKAT

SHELMAN CPA PC

Suite, Apt. #, etc.

100 CROSSWAYS PARK DR. WEST #120

City & State

Woodbury N.Y.

Zip

11797

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

8/5/03

6. FEI Number

74-3104652

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

Jacob Ofir

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

2231 NE 201 ST

Suite, Apt. #, Etc.

City

Miami

FL

33180

State

FL

Zip Code

33180

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

Jacob Ofir

REGISTERED AGENT MUST SIGN

Date

10/2/06

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
Member	JERRY NEMZER	19801 NE 23 AVE	MIAMI FL 33180
member	STEM-TOV AL ROBER	715 PARK LANE	CENARHUS7 N.Y. 11546
member	Jacob Ofir	2231 NE 201 ST	MIAMI, FL 33180
REINSTATEMENT 05-06			100080266821 10/02/06--01056--009 **200.00

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

Jacob Ofir

Date

9/2/06

Daytime Phone # 516-364-0701

Typed or printed name of signing Managing Member/Manager

Jacob Ofir