PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 19 PM 11:02

DOCUMENT # L92111

1. Limited Liability Company's Name

Catova, L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
9421 E. Broadview Drive	9421 E. Broadview Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bay Harbor, Florida	City & State: Bay Harbor, Florida
Zip: 33154 Country: USA	Zip: 33154 Country: USA

4. State/Country of Formation: Dade County, Florida

5. Date Organized or Qualified To Do Business in Florida: 11-3-1992

6. FEI Number: 650388070 ☐ 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: Ruth Shrem Benoliel

Street Address (P.O. Box Number is Not Acceptable): 9421 E. Broadview Drive

Suite, Apt. #, Etc.:

City: Bay Harbor | State: FL | Zip Code: 33154

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****300.00 ****300.00

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 _____ Date 10.12.00

REGISTERED AGENT MUST SIGN

CR2E041 (9/99)

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
Mgrm	Ruth Shrem Benoliel	9421 E. Broadview Drive	Bay Harbor, Florida 33154
Mgr	Ruth Switkin Benoliel	3675 N. Country Club Drive, Apt. 1909	Aventura, Florida 33180
Mgr	Ovadia Shrem	8777 Collins Avenue, Apartment 512	Miami Beach, Florida 33154
Mgr	Catalina Shrem	8777 Collins Avenue, Apartment 512	Miami Beach, Florida 33154
Mge	Ronit Shrem	8777 Collins Avenue, Apartment 512	Miami Beach, Florida 33154
Mgr	Marco Shrem	8777 Collins Avenue, Apartment 512	Miami Beach, Florida 33154
Mgr	Moris Shrem	8777 Collins Avenue, Apartment 512	Miami Beach, Florida 33154

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 10.12.00 Daytime Phone # 305-865-6531

Typed or printed name of signing Managing Member/Manager, Ruth Shrem Benoliel