

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000002359

Name and Mailing Address

0014888 01.AB 0.301 **AUTO H5 0 0615 10036-470199



MALCA-AMIT USA, LLC
580 FIFTH AVENUE
NEW YORK NY 10036-4701



2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/06/2002	
Principal Place of Business 580 FIFTH AVENUE NEW YORK NY 10036	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 13-3042269	Applied For Not Applicable
8. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BOULEVARD, SUITE 508 MIAMI FL 33156		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		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

CR20084 (7/03)

10. 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 *[Signature]* Date 12/22/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES.	SHMUEL ALON	580 FIFTH AVENUE	NEW YORK NY 10036
SVP	ROBERT PRZYWARA	580 FIFTH AVENUE	NEW YORK NY 10036
VP	SHLOMO MALKA	580 FIFTH AVENUE	NEW YORK NY 10036
VP	RAMY LAHAV	580 FIFTH AVENUE	NEW YORK NY 10036

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12. 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 *[Signature]* Date 12/16/03 Daytime Phone # 212-840-8330
Typed or printed name of signing Managing Member/Manager SHMUEL ALON