L13000059989

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000165128 3)))

H13000165128ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

RECEIVED
13 JUL 24 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
13 JUL 24 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
ZANA HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$516.25

Electronic Filing Menu Corporate Filing Menu Help

FILED
13 JUL 24 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # L10000059989

1. Limited Liability Company's Name
Zana Holdings LLC

11-13 CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3737 COLLINS AVENUE M	3737 COLLINS AVENUE
Suite, Apt. #, etc. LPH1	Suite, Apt. #, etc. LPH1
City & State MIAMI BEACH FL.	City & State MIAMI BEACH, FL.
Zip 33140 Country USA	Zip 33140 Country USA

4. State/Country of Formation FL/USA

5. Date Organized or Qualified To Do Business in Florida JUNE 4, 2010

6. FEI Number 61-6386623 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name: MUNRO BANK

Street Address (P.O. Box Number is Not Acceptable): 3737 COLLINS AVENUE

Suite, Apt. #, etc.: LPH1

City: MIAMI BEACH State: FL Zip Code: 33140

E-mail Address: avrabank@gmail.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date July 23 2013
REGISTERED AGENT MUST SIGN Munro Bank

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MUNRO BANK	3737 COLLINS AVE, LPH1	MIAMI BEACH, FL. 33140
MGR	AVRA BANK	3737 COLLINS AVE, LPH1	MIAMI BEACH, FL. 33140
			JUL 24 2013
			S. PRATHER

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0108, 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 if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date July 23 2013 Daytime Phone # (646) 236 5225

Typed or printed name of signing Managing Member/Manager Munro Bank