

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 DEC 18 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L0000 0008923

1. Limited Liability Company's Name

CD BIBLIA.COM, L.L.C.
6073 N.W. 167th STREET
SUITE # C 15
MIAMI, FL 33015

2. Principal Office Address

SAME

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

C15

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip Country Zip Country
33015 U.S.A.

4. State/Country of Formation

FLORIDA, U.S.A.

**5. Date Organized or Qualified
To Do Business in Florida**

7/26/2000

6. FEI Number

65-1030684

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LARRY J. BEHAR

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

888 S.E. 3rd AVENUE SUITE

Suite, Apt. #, Etc.

400

City

FORT LAUDERDALE, FL

State

FL

Zip Code

33316

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

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
PRES.	ALBERTO COHEN	6073 N.W. 167 STREET #15	MIAMI, FL 33015

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 12/13/01

Daytime Phone #

Typed or printed name of signing Managing Member/Manager