



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Kathleen Harris Secretary of State DIVISION OF CORPORATIONS		02 FEB 28 AM 9:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L00000012805					
1. Limited Liability Company's Name Pembroke Park Warehouses, LLC					
2. Principal Office Address 3625 Pembroke Rd. Suite, Apt. #, etc. C-2 City & State Hollywood FL Zip 33021 Country U.S.		3. Mailing Office Address 3625 Pembroke Rd. Suite, Apt. #, etc. C-2 City & State Hollywood, FL Zip 33021 Country US		4. State/Country of Formation Florida, United States 5. Date Organized or Qualified To Do Business in Florida 10/19/2000 6. FEI Number 52-2277483 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 Name Uri Aharon Street Address (P.O. Box Number is Not Acceptable) 3625 Pembroke Rd., Unit C-2 Suite, Apt. #, Etc. City Hollywood State FL Zip Code 33021					
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 2/27/02 REGISTERED AGENT MUST SIGN					
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	
MEMR	Uri Aharon	3625 Pembroke Rd, #c-2		Hollywood, FL 33021	
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 2/27/02 Daytime Phone # 954 525-8558 Typed or printed name of signing Managing Member/Manager Uri Aharon					

CR20041 (9/01)