

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**

01 NOV -1 PM 12:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # L00000015754

1. Limited Liability Company's Name

ZOGA, L.L.C.,

2. Principal Office Address

1990 N.E. 163 St.

Suite, Apt. #, etc.

#208

City & State

No. Miami Beach

Zip

33162

Country

USA

3. Mailing Office Address

1990 N.E. 163 St.

Suite, Apt. #, etc.

#208

City & State

No. Miami Beach

Zip

33162

Country

USA.

**REINSTATEMENT 2001**

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

12-19-00

6. FEI Number

651084581

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CHARLES M. Gremikhion, w/d

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

1990 N.E. 163 St.

Suite, Apt. #, Etc.

#208

City

No. Miami Beach

State

FL

Zip Code

33162

100004686851-5

-11/16/01--01074--080

\*\*\*\*150.00 \*\*\*\*150.00

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

REGISTERED AGENT MUST SIGN

Date 10-29-01

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
<u>MBR</u>	<u>CHARLES M. Gremikhion</u>	<u>1990 N.E. 163 St. #208</u> <u>No. Miami Beach</u>	<u>FL. 33162</u>

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 10-29-01 Daytime Phone # 305-947-0027

Typed or printed name of signing Managing Member/Manager

CHARLES M. Gremikhion, w/d.

CR2E041 (9/01)