

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2004 AUG 12 PM 3: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000002426

1. Limited Liability Company's Name
Z. GRAND, L.C.

2. Principal Office Address
3799 Hallandale Beach Blvd.

3. Mailing Office Address
3799 Hallandale Beach Blvd.

4. State/Country of Formation
Florida, United States

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Date Organized or Qualified
To Do Business in Florida 02/12/2001

City & State
Pembroke Park, FL

City & State
Pembroke Park, FL

6. FEI Number 65-1082440
Applied For Not Applicable

Zip 33023 Country US

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7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Shmuel Zacharin

Street Address (P.O. Box Number is Not Acceptable)
3799 Hallandale Beach Boulevard

Suite, Apt. #, Etc.

City State Zip Code
Pembroke Park FL 33023

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 S. Zacharin

Date August 11, 2004

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
MGRM	Shmuel Zacharin	3799 Hallandale Beach Blvd.	Pembroke Park, FL 33023
MGRM	Sara Zacharin	3799 Hallandale Beach Blvd.	Pembroke Park, FL 33023
MGRM	Edan Zacharin	3799 Hallandale Beach Blvd.	Pembroke Park, FL 33023
MGRM	Doron Zacharin	3799 Hallandale Beach Blvd.	Pembroke Park, FL 33023
<p>REINSTATEMENT 03-04 GA cus</p>			<p>800040143898 08/12/04--01061--003 **205.00</p>

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 S. Zacharin

Date 08/11/04 Daytime Phone # (954) 985-3838

Typed or printed name of signing Managing Member/Manager Shmuel Zacharin

CR20041 (10/02)