

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2004 AUG 12 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000002426

1. Limited Liability Company's Name

Z. GRAND, L.C.

2. Principal Office Address

3799 Hallandale Beach Blvd.

Suite, Apt. #, etc.

City & State

Pembroke Park, FL

Zip

33023

Country

US

3. Mailing Office Address

3799 Hallandale Beach Blvd.

Suite, Apt. #, etc.

City & State

Pembroke Park, FL

Zip

33023

Country

US

4. State/Country of Formation

Florida, United States

5. Date Organized or Qualified  
To Do Business in Florida

02/12/2001

6. FEI Number

65-1082440

Applied For

Not Applicable

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

Pembroke Park

State

FL

Zip Code

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
<b>REINSTATEMENT</b> 03-04 GA 800040143898 08/12/04--01061--003 **205.00 Cus			

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

CR2E041 (10/02)