

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

L01000010549

FILED

02 OCT 29 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000010549

Name and Mailing Address

0001609 01 FP 0,352 \*\*PRSR T5 0 0615 33069-350848



MIAMI HORIZON GROUP, LLC

348 SW 13TH AVENUE

POMPANO BEACH FL 33069-3508



10/4/02

2. New Mailing Address

City, State, Zip

Principal Place of Business

348 SW 13TH AVENUE  
POMPANO BEACH FL 33069

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

06/28/2001

6. FEI Number

65-1121363

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

JIMENEZ BETH  
348 SW 13TH AVENUE  
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name

Neri Eldar Terem

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

2 N.E. 40th Street

Miami, FL

City

FL

Zip Code

33137

10. 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

Neri Eldar Terem

REGISTERED AGENT MUST SIGN

Date 10/24/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ZIDON, EHUD	511 SE 18TH AVENUE	POMPANO BEACH FL 33060
MGRM	COHEN, OREN	1500 BAY RD., APT. 780	MIAMI BEACH FL 33139
MGRM	OYADIA, SOLOMON	3995 NORTH MIAMI AVE.	MIAMI FL 33137
800008671038 10/29/02--01099--012 **150.00			
REINSTATEMENT 2/10/02			
mn/			

12. 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

Ehud Zidon

Daytime Phone # 954-781-9977

Typed or printed name of signing Managing Member/Manager