L01000010549

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

07 JUL 16 AM 8:47

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L01000010549

1. Limited Liability Company's Name
Miami Horizon Group, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
7520 NW 5th St.		7520 N.W. 5th St.	
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 203	
City & State Plantation FL		City & State Plantation FL	
Zip 33317	Country USA	Zip 33317	Country USA

4. State/Country of Formation: Florida/Dade

5. Date Organized or Qualified To Do Business in Florida: June 2 , 2001

6. FEI Number: 651121363 ☐ 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: David J. Schottenfeld, Esq.
Street Address (P.O. Box Number Is Not Acceptable): 7520 N.W. 5th St.
Suite, Apt. #, Etc.: 203
City: Plantation State: FL Zip Code: 33317

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: [signature] REGISTERED AGENT MUST SIGN Date 7-12-07

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	Ehud Zidon	2044 Alton Rd.,	Miami, Fl. 33140
MGRM	Solomon Ovadia	1301 NE Miami Gardens Dr.	N. Miami Beach, Fl. 33179
			000106355978 BLT 07/18/07--01055--011 **155.00
	FF $150	REINSTATEMENT	
	RF N/A		2005-2007
	Cus 5		

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: [signature] Date 7-11-07 Daytime Phone# 954-632-1111

Typed or printed name of signing Managing Member/Manager: Ehud Zidon