

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**

**Division of Corporations**

**LO1000011731**

FILED

03 FEB 26 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011731

Name and Mailing Address

0002088 01 FP 0.352 \*\*PRSRT T7 0 0615 33140-326558  
MAZAL, L.L.C.  
4775 COLLINS AVENUE, UNIT 1808  
MIAMI BEACH FL 33140-3265

200009575872  
12/18/02-01035-004 \*\*150.00



|   |                                   |  |                    |
|---|-----------------------------------|--|--------------------|
| 2. New Mailing Address<br>City, State, Zip  |                                   | 4. State/Country of Formation<br>FL  |                    |
| Principal Place of Business<br>4775 COLLINS AVENUE, UNIT 1808<br>MIAMI BEACH FL 33140   |                                   | 5. Date Organized or Qualified To Do Business in Florida<br>07/16/2001   |                    |
| 3. New Principal Place of Business Address<br>City, State, Zip  |                                   | 6. FEI Number<br>N/A   |                    |
| 8. Name and Address of Current Registered Agent<br>SIMON, STEVEN W ESQ.<br>801 BRICKELL AVENUE, SUITE 1901<br>MIAMI FL 33131  |                                   | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |                    |
| 9. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code  |                                   | Applied For<br>Not Applicable  |                    |
| 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.<br>Signature of Registered Agent <i>Steven W Simon</i> REGISTERED AGENT MUST SIGN Date |                                   |  |                    |
| 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 |
| UGRM  | OSUNDO MIROCHNIK                  | 4775 Collins Ave Apt 1808<br>Miami, FL 33140   |                    |
|   |                                   | 200009575872<br>02/11/03 01005-002 **50.00   |                    |
|   |                                   | REINSTATEMENT 62-03  |                    |
|   |                                   | AL   |                    |

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 *Steven W Simon*

Date DC 16, 2002 Daytime Phone # 305-674-6921

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)