

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000015651

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000015651

1. Limited Liability Company's Name

Shefa, LLC

2. Principal Office Address

5360 N.W. 35 AVE

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Office Address

5360 N.W. 35 AVE

Suite, Apt. #, etc.

City & State

Fort Lauderdale

Zip

33309

Country

USA

4. State/Country of Formation

Florida/usa

**5. Date Organized or Qualified
To Do Business in Florida**

9/12/01

6. FEI Number

02-0610182

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

Hernan Leonoff

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

21055 Yacht Club Drive

Suite, Apt. #, Etc.

1705

City

Sunny Isles

800019846678

05/23/03--01051--012 **55.00

FL

33180

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

REGISTERED AGENT MUST SIGN

Date

5/14/03

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
M	Armando Leonoff	Callao 1358	Buenos Aires, Argentina
MGRM	Harvey Berkowitz	8221 Hampton Wood Dr.	Boca Raton, FL, 33433
M	Susana Bodny	Callao 1358	Buenos Aires, Argentina
MGRM	Hernan Leonoff	21055 Yacht Club Dr, #1705	Aventura, FL, 33180
M	Valeria Leonoff	17000 N. BAY Road, #1010	Sunny Isles, FL, 33160
M	Robert Tardell	8 Robbi Court	Morgensville, N.J., 07751

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

Date

5/9/03

Daytime Phone #

954-485-2400

Typed or printed name of signing Managing Member/Manager

Hernan Leonoff

CR2E041 (10/02)