

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 14 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # U01000018875

1. Limited Liability Company's Name

Zoe Enterprises, LLC

2. Principal Office Address

1300 Brickell Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33131

Country

USA

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/10/03

6. FEI Number

65-1156177

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

Millie Sanchez

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

1300 Brickell Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

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]

Date

11/29/03

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
MGRM	<u>Zoe Enterprises Properties Corp.</u>	<u>1300 Brickell Ave.</u>	<u>Miami, FL 33131</u>
MGRM	<u>Sergio Weissmann</u>	<u>1300 Brickell Ave.</u>	<u>Miami, FL 33131</u>

REINSTATEMENT

2003-2004
OK

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Sergio Weissmann, Managing Member

CR2E041 (10/02)