

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
05 NOV -1 AM 10:54

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 0 2 0 0 0 0 1 3 1 2 5

1. Limited Liability Company's Name

**BEN-ZION HOLDING II, LLC**

2. Principal Office Address

**5700 COLLINS AVE**

Suite, Apt. #, etc.

**PH A**

City & State

**MIAMI BEACH**

Zip

**33140**

Country

3. Mailing Office Address

*Same*

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

**FL**

5. Date Organized or Qualified  
To Do Business in Florida

**5-29-02**

6. FEI Number

**42-1538304**

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

*Amir Ben Zion*

**400061078394**  
**11/01/05--01057--006 \*\*305 00**

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

*5700 Collins Ave PHA*

Suite, Apt. #, Etc.

City

*Miami Beach FL*

State

**FL**

Zip Code

**33140**

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

*Amir Ben Zion*

Date

*10/31/05*

REGISTERED AGENT MUST SIGN

**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
<i>Mgr</i>	AMIR BEN ZION	5700 COLLINS AVE	MIAMI BEACH, FL
<i>Member</i>	GUY BEN ZION	22 WATTS ST	NEW YORK, NY

REINSTATEMENT

**03-05**

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

*Amir Ben Zion*

Date

*10/31/05*

Daytime Phone#

**212-763-6321**

Typed or printed name of signing Managing Member/Manager

*Amir Ben Zion*