

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 23 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700138325907
12/01/08--01040--010 **150.00 ✓

DOCUMENT # L02000013139

1. Limited Liability Company's Name

HALEVI FINANCING LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 20320 Fairway Oaks Drive Suite, Apt. #, etc.		3. Mailing Office Address 20320 Fairway Oaks Drive Suite, Apt. #, etc.	
City & State Boca Raton, FL Zip 33434 Country USA		City & State Boca Raton, FL Zip 33434 Country USA	

4. State/Country of Formation FL / USA	
5. Date Organized or Qualified To Do Business in Florida 5/23/02	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Janice K. Sussman		
Street Address (P.O. Box Number is Not Acceptable) 20320 Fairway Oaks Drive		
Suite, Apt. #, Etc.		
City Boca Raton	State FL	Zip Code 33434

☐ 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

Janice K. Sussman
REGISTERED AGENT MUST SIGN

Date 11/21/08

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
MGR	Janice K. Sussman	20320 Fairway Oaks Drive	Boca Raton, FL 33434
REINSTATEMENT 2003-2008			
up 12/24			

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12/12/08--01019--004 **792.50 ✓

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

Janice K. Sussman

Date 11/21/08

Daytime Phone # 561-451-8413

Typed or printed name of signing Managing Member/Manager Janice K. Sussman