


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
DIVISION OF STATE CORPORATIONS  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG -8 AM 9:58

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000013343

1. Limited Liability Company's Name  
GAFRI Audio video systems

2. Principal Office Address <u>11521 ISLAND LAKES LN</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Boca Raton, FL</u>		City & State	
Zip <u>33498</u>	Country	Zip	Country

4. State/Country of Formation <u>FL</u>	
5. Date Organized or Qualified To Do Business in Florida <u>05/31/2002</u>	
6. FEI Number <u>04-3672741</u>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
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 Raanan Gafri

Street Address (P.O. Box Number is Not Acceptable)  
11521 ISLAND LAKES LN

Suite, Apt. #, Etc.

City Boca Raton State FL Zip Code 33498

REINSTATEMENT 03-05

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 7/6/05

REGISTERED AGENT MUST SIGN

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>CEO</u>	<u>Raanan Gafri</u>	<u>11521 ISLAND LAKES LN Boca Raton FL 33498</u>	<u>Boca Raton FL 33498</u>

300058353083  
08/01/05--01071--007 \*\*250.00

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 7/6/05 Daytime Phone # 561-929-2705

Typed or printed name of signing Managing Member/Manager Raanan Gafri

CR2ED041 (10/02)