

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 OCT 15 P 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800041903468  
10/15/04--01067--001 \*\*50.00

DOCUMENT # L020000/6248

1. Limited Liability Company's Name

EMANUEL, LLC

2. Principal Office Address

20931 NE 24<sup>th</sup> CT.

Suite, Apt. #, etc.

City & State

AVENTURA, FL

Zip

33180

Country

USA

3. Mailing Office Address

20931 NE 24<sup>th</sup> CT

Suite, Apt. #, etc.

City & State

AVENTURA, FL

Zip

33180

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

8/14/02

6. FEI Number

14-1843000

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

DANIEL BENGIO

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

2525 N STATE ROAD 7

Suite, Apt. #, Etc.

SUITE 115

City

HOLLYWOOD

State

FL

Zip Code

33021

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]

REGISTERED AGENT MUST SIGN

Date

10/12/04

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	EMIL ABRAMOV	20931 NE 24 <sup>th</sup> CT.	AVENTURA, FL 33180

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

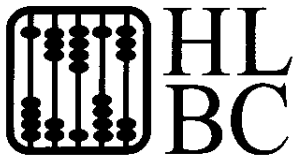
[Signature]

Date

10/12/04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager



**HOFFMAN, LEVY, BENGIO & Co., PL**  
*Certified Public Accountants and Consultants*

2525 N. STATE ROAD 7 • SUITE 115  
HOLLYWOOD, FL 33021  
TEL: (954) 966-1141 • FAX: (954) 966-2474

October 12, 2004

Uniform Business Report  
Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: EMANUEL, LLC**

To Whom It May Concern:

Enclosed please find a copy of the reinstatement for 2004 for EMANUEL, LLC as well as a check for \$50.00.

The company changed addresses during 2003 and never received the mail regarding the renewal notices of the UBR.

At this time, we respectfully request that you waive the late penalties reinstate the company and accept the enclosed check as full payment. Should you have any questions, please do not hesitate to contact me at 954-966-1141 x-222.

Thanking you in advance,

Sincerely,

Daniel Bengio, CPA

Encl.