FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000016338

1. Limited Liability Company's Name
Avi Rachel, LLC

2. Principal Office Address	3. Mailing Office Address
14620 N.W. 60th Avenue	14620 N.W. 60th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Lakes, Florida	City & State: Miami Lakes, Florida
Zip: 33014 Country: USA	Zip: 33014 Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 6/27/2002

6. FEI Number: 01-0731139 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional fee required if Certificate of Status

8. Name and Address of Current Registered Agent

Name: Ben Colonomos

Street Address (P.O. Box Number is Not Acceptable): 14620 N.W. 60th Avenue

Suite, Apt. #, Etc.:

City: Miami Lakes, Florida State: FL Zip Code: 33014

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: JAN 20, 2004

CR8EM1 (10/02)

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	Ben Colonomos	14620 N.W. 60th Avenue	Miami Lakes, FL 33014

REINSTATEMENT 05-04

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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: 1-20-2004 Daytime Phone #: (305) 620-1401

Typed or printed name of signing Managing Member/Manager: Ben Colonomos

THE LAW FIRM OF
FRANK • WEINBERG • BLACK, P.L.

STEVEN C. ELKIN
E-MAIL: SELKIN@FWBLAW.NET

January 23, 2004

Via U.S. Mail
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Avi Rachel, LLC
My File No.: 10305.000

Dear Sir/Madam:

Enclosed for filing please find Limited Liability Company Reinstatement form for Avi Rachel, LLC. Also enclosed is a check in the amount of $200.00 payable to the Florida Department of State representing the filing fee.

Should you have any questions in this regard, please do not hesitate to contact me.

Very truly yours,

Steven C. Elkin
For the Firm

SCE/ajl
Enclosures
cc: Mr. Ben Colonomos (w/o encl., via U.S. Mail)

Colonomos/10305.000\Colonomos ltr

7805 S. W. 6TH COURT • PLANTATION, FL 33324
BROWARD (954) 474-8000 • FAX (954) 474-9850