

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L02000019216**

1. Limited Liability Company's Name  
**HMZ INVESTMENTS LLC**

**FILED**

2004 APR 26 P 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address  
**8750-12 GLADIOLUS DR**

3. Mailing Office Address  
**8750-12 GLADIOLUS DR**

Suite, Apt. #, etc.

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City & State  
**FORT MYERS FL**

City & State  
**FORT MYERS FL**

Zip Country  
**33908 USA**

Zip Country  
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4. State/Country of Formation  
**FL**

5. Date Organized or Qualified  
To Do Business in Florida **07/30/2002**

6. FEI Number **37-1437379**

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  
**HAIM M ZUKERMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**8750-12 GLADIOLUS DRIVE**

Suite, Apt. #, Etc.

City  
**FORT MYERS**

State Zip Code  
**FL 33908**

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

REGISTERED AGENT MUST SIGN

Date

**4-14-04**

**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
MGMR	HAIM ZUKERMAN	8750-12 GLADIOLUS DR	FORT MYERS, FL 33908

**REINSTATEMENT 03-04**

11. I certify that I am managing member/manager of 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

Date

**4/14/04**

Daytime Phone # **239-728-5200**

Typed or printed name of signing Managing Member/Manager

**Haim m Zukerman**

CR2E041 (10/02)