L02000022396

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 15 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000022396

1. Limited Liability Company's Name

Mount Vernon, LLC

9/26/03

2. Principal Office Address	**3.** Mailing Office Address
10750 S W 24th St.	10750 S W 24th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State: Miami Fl
Zip: 33165 Country: USA	Zip: 33165 Country: USA

4. State/Country of Formation: Fl USA

5. Date Organized or Qualified To Do Business in Florida: 08/29-02

6. FEI Number: 56-2293056 — 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: Felix C Garcia (Garcia Accounting & Tax Service Inc)

Street Address (P.O. Box Number is Not Acceptable): 10750 S W 24th St

Suite, Apt. #, Etc.:

700024024057
10/22/03--01050--014 **155.00

City: Miami State: FL Zip Code: 33165

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: Felix C Garcia — REGISTERED AGENT MUST SIGN — Date: Oct 1 2003

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
PST	Daniel E Berkenstadt	9601 Collins Ave # 508	Bal Harbour Fl 33154
D	Tzachi Gonen	9601 Collins Ave # 508	Bal Harbour Fl 33154
		REINSTATEMENT	2003

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: Daniel E Berkenstadt — Date: Oct 1 03 — Daytime Phone #: 305 551 4959

Typed or printed name of signing Managing Member/Manager: