L02000023165

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR -9 PM 1:57

L04/19/04

DOCUMENT # L02000023165

04 APR -9 PM 1:57

1. Limited Liability Company's Name

YELLOW STONE LLC

REINSTATEMENT 2003-2004

2. Principal Office Address	**3.** Mailing Office Address	**4.** State/Country of Formation
1851 NE 146 STREET	SAME	FLORIDA
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Date Organized or Qualified To Do Business in Florida 09/06/02
City & State N. MIAMI FL	City & State	**6.** FEI Number 52-2378589 — Applied For / Not Applicable
Zip 33181-1423 Country MIAMI-DADE	Zip / Country	**7.** CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name JOSEF SADON

Street Address (P.O. Box Number is Not Acceptable)
1851 NE 146 STREET

Suite, Apt. #, Etc.

800030486368
03/15/04--01068--010 **150.00

City N. MIAMI	State FL	Zip Code 33181-1423

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 Jossi Sado

REGISTERED AGENT MUST SIGN

Date 3/10/04.

CR2E041 (9/01)

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
P	JOSEF SADON	1851 NE 146 STREET	N. MIAMI FL 33181-1423
			09/22/03 90102 003
		2003-2004	50.00
	REINSTATEMENT		

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 ✗ Jossi Sado

Date 3/10/04 Daytime Phone # 305-216-4553

Typed or printed name of signing Managing Member/Manager JOSEF SADON