

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -9 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000031403

1. Limited Liability Company's Name

MGZ Properties, L.L.C.

2. Principal Office Address

1900 Corporate Blvd.

Suite, Apt. #, etc.

400 East

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

1900 Corporate Blvd.

Suite, Apt. #, etc.

400 East

City & State

Boca Raton, FL

Zip

33431

Country

USA

4. State/Country of Formation

FL/USA

**5. Date Organized or Qualified
To Do Business in Florida**

11/21/2002

6. FEI Number

14-1875189

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

Bloom, Jonathan Esq. of Bloom Ballen + Freeling

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

2295 NW Corporate Blvd.

Suite, Apt. #, Etc.

117

City

Boca Raton

State
FL

Zip Code
33431

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

6/30/04

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
MGRM	Yoram Galei	1900 Corporate Blvd., 400 East	Boca Raton, FL 33431

200038930942
07/03/04 01016 001 **200.00

REINSTATEMENT 03-04

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

Date

6/30/04

Daytime Phone # 561-988-2500

Typed or printed name of signing Managing Member/Manager Yoram Galei

CR2E041 (10/02)