


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 13 AM 10:29

DOCUMENT # L03000000152 1. Entity Name LIGHT INVESTMENTS, L.L.C.					
Principal Place of Business 5701 COLLINS AVE. STE: 511 MIAMI BEACH, FL 33140 US			Mailing Address 5701 COLLINS AVE. STE: 511 MIAMI BEACH, FL 33140 US		
2. Principal Place of Business 2841 NE 163RD ST. Suite, Apt. #, etc. UNIT 301 City & State NORTH MIAMI BEACH FL Zip 33160 Country US		3. Mailing Address 2841 NE 163RD ST Suite, Apt. #, etc. UNIT 301 City & State NORTH MIAMI BEACH FL Zip 33160 Country US		06022005 REIN-LLC CR2E101 (6/04) 4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent WOOLFSON, JONATHAN 5701 COLLINS AVE. STE: 511 MIAMI BEACH, FL 33140	
7. Name and Address of New Registered Agent Name <u>Zvi RAEILOVICH, CPA, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) 2229 SHERIDAN ST. City <u>HOLLYWOOD</u> FL Zip Code <u>33020</u>				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> <u>CPA</u> DATE <u>6/2/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIARA, YEHUDA 5701 COLLINS AVE. #511 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIARA, YEHUDA 2841 NE 163RD ST #301 NORTH MIAMI BEACH FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOOLFSON, JONATHAN 5701 COLLINS AVE. #511 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>YEHUDA MIARA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>6/2/05</u> Daytime Phone # <u>(305) 586-1440</u>		