

L03000008621

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

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

**FILED**  
06 AUG -3 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name:

MYSTIC PITA LLC

04

BK

2. Principal Office Address 6039 COLLINS AVE Suite, Apt, #, etc. APT 1006 City & State MIAMI BEACH, FL Zip 33140		3. Mailing Office Address 6039 COLLINS AVE Suite, Apt, #, etc. APT 1006 City & State MIAMI BEACH, FL Zip 33140		4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 03/10/2003		6. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
County Miami-Dade		County Miami-Dade		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status					

**8. Name and Address of Current Registered Agent**

Name

Corporate Creations Network Inc.

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

11380 Prosperity Farms Road #221E

Suite, Apt. #, etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

300078470203  
08/08/06--01032--009 \*\*150.00

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

*A. Howard* A. Howard

Date 8/1/06

REGISTERED AGENT MUST SIGN

**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
MGR	SAAD BENZEKRI,	6039 COLLINS AVE APT 1006	MIAMI BEACH FL 33140

**REINSTATEMENT 2004-2006**

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 7/31/2006

Daytime Phone # 305-213-3325

Type or print name of signing Managing Member/Manager

SAAD BENZEKRI,, MGR

by T. Baez as attorney-in-fact

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Florida Department of State  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

Re: MYSTIC PITA LLC

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 150 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2004, 2005, 2006

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By:

  
by T. Baez as attorney-in-fact

Name: SAAD BENZEKRI

Title: MGR

Date: 8/1/06

