L03000024383

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 10 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000024383

1. Limited Liability Company's Name

SABEN, LLC

2. Principal Office Address	3. Mailing Office Address
5220 NW 72nd Avenue	6220 NW 72nd Avenue
Suite, Apt. #, etc.: B-2	Suite, Apt. #, etc.: B-2
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business In Florida: July 3, 2003

6. FEI Number: 260099407 ☐ 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: Olivier Chocron

Street Address (P.O. Box Number is Not Acceptable): 5220 NW 72nd Avenue

Suite, Apt. #, Etc.: B-2

City: Miami | State: FL | Zip Code: 33166

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 _____ Date: November 9, 2004

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	Benjamin Zafrani	5220 NW 72nd Avenue, B-2	Miami, Florida 33166
CFO	Olivier Chocron	5220 NW 72nd Avenue, B-2	Miami, Florida 33166

REINSTATEMENT 2004

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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 608.508, F.S., and that all fees owed by the limited liability company have been paid. The information furnished 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: 11-09-2004 Daytime Phone #: (305) 418-9242

Typed or printed name of signing Managing Member/Manager: Benjamin Zafrani, CEO

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