

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 30 AM 10:31

DOCUMENT # L03000025526

**1. Limited Liability Company's Name
Motek Investments, LLC**

700063962807
01/18/06--01042--007 **\$0.00

CR2E041 (8/05)

**2. Principal Office Address
34 Somerset Drive South**

**3. Mailing Office Address
34 Somerset Drive South**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State
Great Neck**

**City & State
New York**

**Zip
11020**

**Country
USA**

**Zip
11020**

Country

**4. State/Country of Formation
Miami, Florida**

**5. Date Organized or Qualified
To Do Business in Florida July 2003**

6. FEI Number

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

Hillel Shohet

**Street Address (P.O. Box Number is Not Acceptable)
3370 NE 190th Street**

**Suite, Apt. #, Etc.
1208**

**City
Aventura**

**State
FL**

**Zip Code
33180**

700063962807
01/18/06--01042--006 **\$0.00

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

REGISTERED AGENT MUST SIGN

Date **1/03/2006**

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	Hillel Shohet	34 Somerset Drive South	Great Neck, NY 11020

REINSTATEMENT 2005

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 **1/03/2005**

Daytime Phone # **516-448-7232**

Typed or printed name of signing Managing Member/Manager **Hillel Shohet**