

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -7 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LU3000030530

1. Limited Liability Company's Name

Yamarta LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

18800 NE 29th Avenue

Suite, Apt. #, etc.

415

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Office Address

18800 NE 29th Ave

Suite, Apt. #, etc.

415

City & State

Aventura, FL

Zip

33180

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

8/15/2003

6. FEI Number

61-152-1560

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

ROGER BERNSTEIN d/o
Bernstein Osberg-Braun, LLC

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

12000 Biscayne Boulevard

Suite, Apt. #, Etc.

106

City

North Miami

State

FL

Zip Code

33181

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 305-895-0300

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	Jacobo Zighelboim	18800 NE 29th Ave	Aventura, FL 33186
MGRM	Irene Pressner	18800 NE 29th Ave	Aventura, FL 33180
MGRM	Fred Pressner	18800 NE 29th Ave	Aventura, FL 33180

600092352478

03/13/07--01021--006 **300.00

REINSTATEMENT 04-07

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

Irene de Pressner

Date

3/5/07

Daytime Phone #

305-895-0300

Typed or printed name of signing Managing Member/Manager

Irene Pressner