

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 MAY 10 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000207272280
05/06/11--01002--024 **655.00
CR2E041 (1/11)

DOCUMENT # L03000031970

1. Limited Liability Company's Name

Florida Developers group LLC

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

1001 N. Federal Hwy

Suite, Apt. #, etc.

#315

City & State

Hallandale, FL

Zip

33009

Country

USA

3. Mailing Office Address

1001 N. Federal Hwy

Suite, Apt. #, etc.

#315

City & State

Hallandale, FL

Zip

33009

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

8/26/03

6. FEI Number

03-0527053

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 Moshe Shemesh

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

1001 N. Federal Hwy

Suite, Apt. #, Etc.

#315

City

Hallandale

State

FL

Zip Code

33009

E-mail Address:

thevillageatmelbourne@gmail
(To be used for future annual report notices)

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]

Date 5/3/11

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
Mng	Amram Adar	3722 N.E. 199 st.	Aventura, FL 33180
Mng	Moshe Shemesh	225 Holiday Dr.	Hallandale FL 33009

J. SAULSBERRY
EXAMINER

MAY 11 2011

REINSTATEMENT

2008-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date 5/3/11

Daytime Phone #

321 984 9033

Typed or printed name of signing Managing Member/Manager

Amram Adar