

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

08 SEP 16 AM 11:15

DOCUMENT # L03000050954

1. Limited Liability Company's Name

VPE ESTATE, LLC

500135973025

09/16/08--01031--007 **\$55.00

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 8360 W OAKLAND PARK BLVD Suite, Apt. #, etc. SUITE 112 City & State SUNRISE, FL Zip 33351 Country BROWARD		3. Mailing Office Address 8360 W OAKLAND PARK BLVD Suite, Apt. #, etc. SUITE 112 City & State SUNRISE, FL Zip 33351 Country BROWARD	
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4. State/Country of Formation FLORIDA, USA	
5. Date Organized or Qualified To Do Business in Florida 12/08/03	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name ALAN J. MARCUS			
Street Address (P.O. Box Number is Not Acceptable) 20803 BISCAYNE BLVD			
Suite, Apt. #, Etc. SUITE 301			
City AVENTURA	State FL	Zip Code 33180	

☐ 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 	Date 9/15/08
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	YOEL SARAF	3201 NE 183 STREET, UNIT 2906	AVENTURA, FL 33180
MGR	CARMEL SHASHUA	1111 SOUTH SOUTHLAKE DRIVE	HOLLYWOOD, FL 33019

REINSTATEMENT 2005-08

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 9/15/08 Daytime Phone # 305 437-1800
Typed or printed name of signing Managing Member/Manager Yoel Saraf, manager	