

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
200-w

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -9 AM 8:56

DOCUMENT # L04000026469

1. Limited Liability Company's Name

INTERSTATE HOLDINGS, LLC

2. Principal Office Address

Jacob I. Sopher

555 Washington Ave.

Suite, Apt. #, etc.

Suite 220

City & State

Miami, FL

Zip

33139

Country

3. Mailing Office Address

c/o Jacob I. Sopher

555 Washington Avenue

Suite, Apt. #, etc.

Suite 220

City & State

Miami, FL

Zip

33139

Country

CR2E041 (8/05)

4. State/Country of Formation

Florida

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

04/06/2004

6. FEI Number

20-1447606

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

Jacob I. Sopher

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

555 Washington Avenue

Suite, Apt. #, Etc.

Suite 220

City

Miami

State

FL

Zip Code

33139

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

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
MTR	Jacob I. Sopher	555 Washington Ave. (220)	Miami, Florida 33139

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Jacob I. Sopher