

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -4 AM 8:56

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Limited Liability Company's Name
Eliyah Florida
Doc #: L04000032459

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01/12/07--01009--022 **255.00

CR2E041 (8/05)

2. Principal Office Address 1053 Elberon Avenue Suite, Apt. #, etc.		3. Mailing Office Address 1053 Elberon Avenue Suite, Apt. #, etc.	
City & State Elberon, NJ		City & State Elberon, NJ	
Zip 07741	Country US	Zip 07741	Country US

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 04/28/04	
6. FEI Number None	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
Richard A. Golden

Street Address (P.O. Box Number is Not Acceptable)
1200 Biscayne Blvd

Suite, Apt. #, Etc.
Suite 500

City
North Miami

State
FL

Zip Code
33187

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 1/02/07

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
MGRM	Emile Mimram	1053 Elberon Avenue	Elberon / NJ / 07741

REINSTATEMENT 05-07

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 _____ Date 1/02/07 Daytime Phone# 305-534-7921

Typed or printed name of signing Managing Member/Manager **EMILE MIMRAM**