

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

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CR2E041 (8/05)

**DOCUMENT #**

1. Limited Liability Company's Name

Eliyah Florida

Doc #: L04000032459

2. Principal Office Address

1053 Elberon Avenue

Suite, Apt. #, etc.

City & State

Elberon, NJ

Zip

07741

Country

US

3. Mailing Office Address

1053 Elberon Avenue

Suite, Apt. #, etc.

City & State

Elberon, NJ

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

☒ 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

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

REGISTERED AGENT MUST SIGN

Date

1/02/07

**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

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 #

305-534-7721

Typed or printed name of signing Managing Member/Manager

EMILE MIMRAM