

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000037832

1. Entity Name
MIKHAEL, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -2 AM 8:51

Principal Place of Business
4101 PINE TREE DRIVE
MIAMI BEACH, FL 33130

Mailing Address
4101 PINE TREE DRIVE
MIAMI BEACH, FL 33130

2. Principal Place of Business

3. Mailing Address
65-08 Boelsen Crescent

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182006 REIN-LLC CR2E101 (11/05)

City & State

City & State
Rigo Park, NY

4. FEI Number
20-1945627

Applied For
Not Applicable

Zip

Country

Zip

Country

11374

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINKHASOV, ABOKHAY
4101 PINE TREE DR
MIAMI BEACH, FL 33140

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-06

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager/Member ☐ Change ☒ Addition
Shlomo Levy
65-08 Boelsen Crescent
Rigo Park, NY 11374

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager/Member ☐ Change ☒ Addition
Tamara Levy
65-08 Boelsen Crescent
Rigo Park, NY 11374

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900076253139
06/16/06--01015--013 **100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
REINSTATEMENT 05-06

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/22/06