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 -5 AM 10: 04

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CR2E041 (12/07)

DOCUMENT # L04000041400

1. Limited Liability Company's Name

MARINA BLUE 2701, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4 HILL PARK AVENUE	4 HILL PARK AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
APT. 2	APT. 2
City & State	City & State
GREAKNECK, NEW YORK	GREAKNECK, NEW YORK
Zip / Country	Zip / Country
11021 / US	11021 / US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 05/26/2004

6. FEI Number: ☐ 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: JOEL FRIEND AND ASSOCIATES, INC.

Street Address (P.O. Box Number is Not Acceptable): 2863 EXECUTIVE PARK DRIVE

Suite, Apt. #, Etc: SUITE 105

City: WESTON | State: FL | Zip Code: 33331

☑ 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: Joel Friend — Date: 09/02/2008

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	RATZON KOCHAVI	4 HILL PARK AVENUE, APT. 2	GREAKNECK, NY 11021

REINSTATEMENT
w/o/p
05-08

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: Ratzon Kochavi — Date: 09/02/2008 — Daytime Phone #: 516-851-9279

Typed or printed name of signing Managing Member/Manager: RATZON KOCHAVI