


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS


06 MAY 19 AM 10:41

<b>DOCUMENT # L04000073824</b> 1. Entity Name <b>MAZAL INVESTMENTS, L.L.C.</b>	
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Principal Place of Business <b>TURNBERRY PLAZA, SUITE 801 2875 N.E. 191ST STREET AVENTURA, FL 33180</b>	Mailing Address <b>TURNBERRY PLAZA, SUITE 801 2875 N.E. 191ST STREET AVENTURA, FL 33180</b>
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2. Principal Place of Business <b>16375 NE 18TH AVE</b> Suite, Apt. #, etc. <b>322</b>	3. Mailing Address <b>16375 NE 18TH AVE.</b> Suite, Apt. #, etc. <b>322</b>
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City & State <b>N. MIAMI BEACH FL</b>	City & State <b>N. MIAMI BEACH FL</b>
Zip <b>33162</b>	Zip <b>33162</b>
Country <b>U.S.</b>	Country <b>U.S.</b>



04062006 REIN-LLC CR2E101 (11/05)

<b>6. Name and Address of Current Registered Agent</b>  SERBER, DANIEL J ESQ TURNBERRY PLAZA, SUITE 801 2875 N.E. 191ST STREET AVENTURA, FL 33180	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM ALBERTO SUTTON 8 WEST 40 ST. 4/Floor NEW YORK N.Y 10018	
		MGRM ELIOTT SUTTON 8 WEST 40 ST 4/Floor NEW YORK N.Y 10018	
		MGRM DAVID DICHI 16375 18TH AVE 322 N. MIAMI BEACH FL 33162	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> 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:**  Date: **04/06/06** 305-305-7982 Daytime Phone #