

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 19 AM 9:44

DOCUMENT # L04-80966

1. Limited Liability Company's Name

GILBOA PROPERTIES, LLC

600136142056
09/19/08--01020--003 **277.50
CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 300 West 41st Street Suite, Apt. #, etc. #201A City & State Miami Beach FL Zip 33140		3. Mailing Office Address 300 West 41st Street Suite, Apt. #, etc. #201A City & State Miami Beach FL Zip 33140	
Country Dade		Country Dade	

4. State/Country of Formation FL /USA	
5. Date Organized or Qualified To Do Business in Florida 02/13/2006	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Mordechai Boaziz		
Street Address (P.O. Box Number is Not Acceptable) 300 West 41st Street		
Suite, Apt. #, Etc. #201A		
City Miami Beach	State FL	Zip Code 33140

☒ 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

REGISTERED AGENT MUST SIGN

Date 09/16/08

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	Mordechai Boaziz	300 West 41st Street #201A	Miami Beach FL 33140

REINSTATEMENT
07-08

Yell

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 09/16/08

Daytime Phone # 305-398-7571

Typed or printed name of signing Managing Member/Manager

Mordechai Boaziz