

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000086572

**FILED**  
**May 07, 2007**  
**Secretary of State**

**Entity Name:** ZAK & ZOE, LLC

**Current Principal Place of Business:**

5630 BALTUSROL CT  
SANIBEL, FL 33957

**New Principal Place of Business:**

8856 TROPICAL CT.  
FORT MYERS, FL 33908

**Current Mailing Address:**

28 MAPLE PL  
CLIFTON, NJ 07011

**New Mailing Address:**

8856 TROPICAL CT.  
FORT MYERS, FL 33908

**FEI Number:** 20-1975649      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COSTA, JOHN P  
5630 BALTUSROL CT  
SANIBEL, FL 33957      US

**Name and Address of New Registered Agent:**

COSTA, JOHN P  
8856 TROPICAL CT.  
FORT MYERS, FL 33908      US

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.

SIGNATURE: JOHN COSTA

05/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: DABA FUTURES, INC.,  
Address: 28 MAPLE PL  
City-St-Zip: SANIBEL, FL 33957

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: DABA FUTURES, INC.,  
Address: 8856 TROPICAL CT.  
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN COSTA

OWNR

05/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date