


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000090725		
1. Entity Name NORGASH LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT -3 AM 10:10

Principal Place of Business 21018 NE 32ND AVENUE AVENTURA, FL 33180	Mailing Address 21018 NE 32ND AVENUE AVENTURA, FL 33180
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2. Principal Place of Business 1555 Breakwater Ter. Suite, Apt. #, etc.	3. Mailing Address 1555 Breakwater Ter. Suite, Apt. #, etc.
City & State Hollywood, FL	City & State Hollywood, FL
Zip 33019	Country U.S.A.



09232005 REIN-LLC CR2E101 (6/04)

4. FEI Number 20-2177194	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent TEPPER, BOAZ 21018 NE 32ND AVENUE AVENTURA, FL 33180	7. Name and Address of New Registered Agent Name: Boaz Tepper Street Address (P.O. Box Number is Not Acceptable): 1555 Breakwater Ter. City: Hollywood FL Zip Code: 33019
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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 _____

FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEPPER, BOAZ 21018 NE 32ND AVENUE AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tepper, Boaz 1555 Breakwater Terrace Hollywood, FL 33019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>BOAZ TEPPER</u> (Signature)	Date: <u>9-23-05</u>	Daytime Phone #: <u>954-237-3794</u>
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