

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000009893

Entity Name: DIRA5, L.L.C.

FILED  
Jan 29, 2007  
Secretary of State

## Current Principal Place of Business:

C/O ARIE MREJEN, ESQ. - P.O. BOX 5082  
FT. LAUDERDALE, FL 33310 US

## New Principal Place of Business:

19333 COLLINS AVENUE  
2609  
SUNNY ISLES, FL 33160 US

## Current Mailing Address:

C/O ARIE MREJEN, ESQ. - P.O. BOX 5082  
FT. LAUDERDALE, FL 33310 US

## New Mailing Address:

1281 SOUTH 13 AVENUE  
HOLLYWOOD, FL 33019 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
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:

## Name and Address of New Registered Agent:

ARIE MREJEN, P.A.  
701 W CYPRESS CREEK RD.  
SUITE 302  
FORT LAUDERDALE, FL 33309 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: ARIE MREJEN

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BOUHADANA, AVI  
Address: C/O ARIE MREJEN, ESQ. P.O. BOX 5082  
City-St-Zip: FORT LAUDERDALE, FL 33310 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BOUHADANA, AVI  
Address: 19333 COLLINS AVENUE #2609  
City-St-Zip: SUNNY ISLES, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BOUHADANA AVI

MGR

01/29/2007

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