

04/24/2010 14:33 FAX

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000057515

1. Limited Liability Company's Name

Kavi, LLC

2. Principal Office Address - No P.O. Box #

1331 Brickell Bay Dr.

Suite, Apt. #, etc.

1703

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

1331 Brickell Bay Dr

Suite, Apt. #, etc.

1703

City & State

Miami, FL

Zip

33131

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

06/09/2005

6. FEI Number

☒ Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Vincent Benoliel

Street Address (P.O. Box Number is Not Acceptable)

1331 Brickell Bay Dr

Suite, Apt. #, Etc.

1703

City

Miami

State

FL

Zip Code

33131

☐ 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 04.12.10.

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	Vincent Benoliel	1331 Brickell Bay Dr, 1703	Miami, FL 33131
MGR	Raphael Mimoun	1331 Brickell Bay Dr, 1703	Miami, FL 33131
REINSTATEMENT 2007-10			S. HAWKES APR 16 2010 EXAMINER

11. E-mail Address:

(To be used for future communications)

12. 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 04.12.10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Vincent Benoliel



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2010

RAVI, LLC
1331 BRICELL BAY DR
SUITE 1703
MIAMI, FL 33131

SUBJECT: RAVI, LLC
Ref. Number: L05000057515

We have received your document for RAVI, LLC and check(s) totaling \$655.00. However, the document has not been filed and is being retained in this office for the following reason(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 410A00009493