

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

06 DEC 18 AM 9:25

DOCUMENT # L05000122090

1. Limited Liability Company's Name

YA ASSOCIATES LLC

2. Principal Office Address

290-174 St

Suite, Apt. #, etc.

815

City & State

Sunny Isles Beach, FL

Zip

33160

Country

3. Mailing Office Address

290-174 St.

Suite, Apt. #, etc.

815

City & State

Sunny Isles Beach, FL

Zip

33160

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/23/2005

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

Nadia S. Edwards, CPA

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

290-174 St.

Suite, Apt. #, Etc.

815

City

Sunny Isles Beach

State

FL

Zip Code

33160

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

Nadia S. Edwards

Date 12/11/06

REGISTERED AGENT MUST SIGN

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
P	Assouline, Yehuda	10 Yehuda Adam St	Kfar Sava, Israel

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

Yehuda Assouline

Date 12/11/06

Daytime Phone #

(805) 932-3325

Typed or printed name of signing Managing Member/Manager