

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2010 DEC -7 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L060000015761

1. Limited Liability Company's Name

Gilboa Properties, LLC

700186316747  
10/05/10--01031--018 \*\*238.75

CR2E041 (11/09)

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

300 W 41 St

Suite, Apt. #, etc.

213

City & State

Miami Beach, FL

Zip

33140

Country

U.S

3. Mailing Office Address

300 W 41 St

Suite, Apt. #, etc.

213

City & State

Miami Beach, FL

Zip

33140

Country

US

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

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

Mordechai Boariz

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

300 W 41 St

Suite, Apt. #, Etc.

213

City

Miami Beach

State

FL

Zip Code

33140

☐ 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 4-15-10

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	Mordechai Boariz	300 W 41 St # 213	Miami Beach, FL 33140

700186316747  
12/08/10--01017--003 \*\*413.25

REINSTATEMENT

07-10  
J. SAULSBERRY  
EXAMINER

11. E-mail Address: simrabi@gmail.com

(To be used for future annual report notifications)

DEC 8 2010

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

*[Signature]*

Date

4-15-10

Daytime Phone #

805 398 7574

Typed or printed name of signing Managing Member/Manager

Mordechai Boariz