


08 FEB 20 PM 1:35

**2008 LIMITED LIABILITY COMPANY
REINSTATEMENT**

DOCUMENT # L06000016867		
1. Entity Name ZORI, LLC		

Principal Place of Business 175 S.E. 25 ROAD #9A MIAMI, FL 33129 US	Mailing Address 175 S.E. 25 ROAD #9A MIAMI, FL 33129 US
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300117827003
02/12/08--01015--009 **482.50



2. Principal Place of Business - No P.O. Box # 9350 SW 149 ST	3. Mailing Address 9350 SW 149 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01112008 REIN-LLC CR2E101 (1/07)

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33176	Country USA

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

6. Name and Address of Current Registered Agent LEONARDO, JOSE JESQ 12515 N. KENDALL DRIVE SUITE 222 MIAMI, FL 33186
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7. Name and Address of New Registered Agent Name: LAURA KEFALIDIS Street Address (P.O. Box Number is Not Acceptable) 9350 SW 149 STREET City: MIAMI FL Zip Code: 33176
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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: Laura Kefalidis 2/8/8
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$377.50	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 KEFALIDIS, LAURA 175 S.E. 25 ROAD, #9A MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4350 SW 149 ST MIAMI, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LA HOZ, CRISTOBAL 175 S.E. 25 ROAD, #9A MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10811 NW 29 ST MIAMI, FL 33172 <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
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
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
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 exemptions contained in Chapter 119, 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: Laura Kefalidis 2/8/8 786251234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #