


L06000019575

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 29 AM 10:08

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<i>Myk</i>	
DOCUMENT # L06000019575 1. Limited Liability Company's Name Chai Ventures LLC					
2. Principal Office Address - No P.O. Box # c/o Loeb Block & Partners: Suite, Apt. #, etc. 505 Park Avenue City & State New York, NY Zip 10022 Country USA		3. Mailing Office Address c/o Loeb Block & Partners Suite, Apt. #, etc. 505 Park Avenue City & State New York, NY Zip 10022 Country USA		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 02/22/2006 6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301				<input type="checkbox"/> 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 <i>Kimberly Ballant</i> Date <i>4/29/10</i> 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	
MGF	Gregorio Berliavsky	7911 N.W. 21st Street		Miami, FL 33130	
REINSTATEMENT 2007-2010					
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 <i>Gregorio Berliavsky</i> Date <i>4/28/10</i> Daytime Phone # _____					
Typed or printed name of signing Managing Member/Manager <u>Gregorio Berliavsky, Managing Member</u>					



L0600000195 75

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 367874 4320744

AUTHORIZATION :

COST LIMIT : \$ 665.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 29 AM 10:08

ORDER DATE : April 29, 2010

ORDER TIME : 2:23 PM

ORDER NO. : 367874-005

CUSTOMER NO: 4320744

RECEIVED
10 APR 29 PM 4:06
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: CHAI VENTURES LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS

BSH