


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000120576		
1. Entity Name ZWH FLORIDA, LLC		

FILED

09 MAR 24 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 20505 E. COUNTRY CLUB DRIVE 1131 AVENTURA, FL 33180 US	Mailing Address 20505 E. COUNTRY CLUB DRIVE 1131 AVENTURA, FL 33180 US
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2. Principal Place of Business - No P.O. Box # 360 EAST 88TH ST		3. Mailing Address 360 EAST 88TH ST	
Suite, Apt. #, etc. APT 170		Suite, Apt. #, etc. APT 170	
City & State NEW YORK CITY, NY		City & State NEW YORK CITY, NY	
Zip 10128	Country US	Zip 10128	Country US

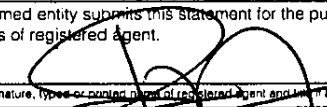


03092009 REIN-LLC CR2E101 (1/07)

4. FEI Number APPLIED FOR 11-3570949		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NASCO, ROXANA I 2450 NE MIAMI GARDENS DRIVE 2ND FLOOR NORTH MIAMI BEACH, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

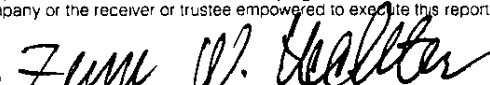
SIGNATURE  DATE 3/12/09

Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	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 HECHTER, ZEEV W 20505 E. COUNTRY CLUB DRIVE, #1131 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 360 EAST 88TH ST APT 170 NEW YORK CITY, NY 10128
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 300146472643 03/20/09--01014--027 **277.50
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:  3-18-09 (917)670-7142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #