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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L09000083100

1. Limited Liability Company's Name
6101 Mangrove, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6158 Bayou Grande Blvd NE	6158 Bayou Grande Blvd NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Petersburg, Florida	City & State: St Petersburg, FL
Zip: 33703 Country: USA	Zip: 33703 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 08/27/2009

6. FEI Number: ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional is required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Jenifer Vincent Jenifer Vincent Vice President & Assistant Secretary Date: 9/9/14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Ram Zeevi	5A HaEshel Street	Herzelia, Israel 46621
			SEP -9 2014
	REINSTATEMENT 2011-2014		L. SELLERS

11. E-mail Address: rzeevi@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/ Manager: Date: September 8, 2014 Daytime Phone #: (212) 380-1624

Typed or printed name of signing Authorized Representative/ Manager: Ram Zeevi

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

6101 MANGROVE, LLC

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