

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 FEB -5 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000136605

1. Limited Liability Company's Name
PELED INVESTMENTS LLC

CR2E041 (1/11)

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

9376 Balm Riverview Rd

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33569

Country

USA

3. Mailing Office Address

PO Box 1985

Suite, Apt. #, etc.

Brandon

City & State

Florida

Zip

33509

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

12/05/2011

6. FEI Number

72-1621981

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

Julie Harte

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

11602 Monette Rd

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33569

E-mail Address:

000255450210
01/09/14--01030--011 **238.75

jharte@hartecpa.com

(To be used for future annual report notices)

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

Julie Harte

REGISTERED AGENT MUST SIGN

Date 07/10/2013

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
mgrm	Michael Peled	8 Almog	Rosh Haain, IS 00000 IS
mgrm	Talya Peled	8 Almog	Rosh Haain, IS 00000 IS

FEB - 6 2014
L. SELLERS

REINSTATEMENT 2012-2014

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02/03/14--01044--003 **277.50

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Date

7/10/2013

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Michael Peled