

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

15 SEP -9 AM 8:30

**DOCUMENT #**

1. Limited Liability Company's Name

MJ HOLDINGS 2012, LLC  
L12000026181

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

7800 Congress Ave  
Suite, Apt. #, etc.  
SUITE 206

City & State

BOCA RATON FL

Zip

33487

Country

US

3. Mailing Office Address

7800 Congress Ave  
Suite, Apt. #, etc.  
SUITE 206

City & State

BOCA RATON, FL

Zip

33487

Country

US

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

2/23/2012

6. FEI Number

46-1996448

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

KEREN SAPAN P.A.

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

8043 TWIN LAKE DR.

Apt. #, Etc

City

BOCA RATON FL

State

FL

Zip Code

33496

800276911718  
09/09/15--01020--017 \*\*100.00

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

REGISTERED AGENT MUST SIGN

Date 9/2/2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	MEIR YESRAELI	12 POALEI HARAKEVET ST. GIVATAIM, ISRAEL	53257
AMBR	JACOB BLITSSTEIN	48 MAIN ST.	MISGAV DOV ISRAEL 76867
REINSTATEMENT			
SEP 09 2015			
R. HUNT			

11. E-mail Address:

KEREN@KSAPANLAW.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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

Daytime Phone #

Typed or printed name of signing authorized representative/member