PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2016 JAN 11 PM 4:08

TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000147783

1. Limited Liability Company's Name

H.M.I.S HOLDING LLC

2. Principal Office Address - No P.O Box #	3. Mailing Office Address
2875 NE 191 Street	
Suite, Apt #, etc: Suite 601	Suite, Apt. # etc
City & State: Aventura	City & State
Zip: 33180 Country: USA	Zip Country

CR2E041 (1/14)

4 State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 11/26/2012

6. FEI Number: 46-2146305 ☐ 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: STEVEN LEVY

Street Address (P O Box Number is Not Acceptable) Suite,: 2875 NE 191 STREET

Apt # Etc: UNIT 601

City: AVENTURA State: FL Zip Code: 33180

W16000001638

300280898833
01/11/16--01049--018 **243.75

300280898833
02/09/16--01022--003 **138.75

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 _____ Date 01/06/16

REGISTERED AGENT MUST SIGN

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
MGRM	MAZUZ HAIM	2875 NE 191 STREET UNIT 601	AVENTURA FL 33180
MGRM	SAAD ILAN	2875 NE 191 STREET UNIT 601	AVENTURA FL 33180

11 E-mail Address: EFRAT.SHOSHAN@GTAX.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 01/06/2016 Daytime Phone # _____

Typed or printed name of signing authorized representative/member _____

JAN 11 2016