

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED *WL 8/18*

00 AUG 16 AM 10:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L97000000370

1. Limited Liability Company's Name

Zephyr X Properties, LC

2. Principal Office Address

1750 S. Young Circle

Suite, Apt. #, etc.

Suite 205

City & State

Hollywood, FL

Zip

33020

Country

USA

3. Mailing Office Address

P O Box 4877

Suite, Apt. #, etc.

City & State

Deerfield Bch., FL

Zip

33442-4877

Country

U.S.A.

4. State/Country of Formation

Florida / USA

**5. Date Organized or Qualified
To Do Business in Florida**

05/27/97

6. FEI Number

65-0903176

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

Deborah Firestone

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

7910 Tennyson Ct.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

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

Deborah Firestone

REGISTERED AGENT MUST SIGN

Date

8/15/00

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
<i>Mgm</i>	<i>Joanne Epstein</i>	<i>8950 West Park #312</i>	<i>Houston, TX 77063</i>

REINSTATEMENT

1998-2000

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.

Signature of
Managing Member/Manager

Joanne Epstein

Date

8/15/00

Daytime Phone #

713 266-1444

Typed or printed name of signing Managing Member/Manager

Joanne Epstein