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
00 DEC 18 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # **L98000002068**

1. Limited Liability Company's Name

BEN-DAVID INVESTMENTS, L.C.

2. Principal Office Address		**3.** Mailing Office Address	
20191 E. Country Club Dr.		20191 E. Country Club Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite #2701		Suite #2701	
City & State		City & State	
Aventura, FL		Aventura, FL	
Zip	Country	Zip	Country
33180	USA	33180	USA

4. State/Country of Formation
Florida/U.S.A.

5. Date Organized or Qualified To Do Business in Florida
10/1/1998

6. FEI Number
65-0870697
☐ 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
Howard S. Weinstein, Esq.

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-12/21/00--01093--026
****155.00 ****155.00

Street Address (P.O. Box Number is Not Acceptable)
2875 NE 191 Street

Suite, Apt. #, Etc.
Suite #304

City	State	Zip Code
Aventura	FL	33180

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 Howard S. Weinstein Date 12/5/00
REGISTERED AGENT MUST SIGN

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	ILAN MENDELSON	20191 E. Country Club Dr. #2701	Aventura, FL 33180
MGRM	ISRAEL BEN-DAVID	Apius 25 Street	Herzlia, Israel
MGRM	ALON BEN-DAVID	Apius 23 Street	Herzlia, Israel

11. I certify that I am a 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 _____ Date 12/1/00 Daytime Phone # (305) 931-0902

Typed or printed name of signing Managing Member/Manager ILAN MENDELSON, MGRM