

205.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
DIVISION OF CORPORATIONS

L9800002068

FILED
03 SEP 16 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98-00002068**

1. Limited Liability Company's Name
BEN-DAVID INVESTMENTS, LC

10/4/02

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

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 9/30/1998	
6. FEI Number 65-0870697	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Howard S. Weinstein, Esq.

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

Suite, Apt. #, Etc.
Suite #304

City
Aventura

State
FL

Zip Code
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 9/15/2003

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. Apt. #2701	Aventura, FL 33180

REINSTATEMENT 2002-2003
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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 *Ilan Mendelson* Date 9/15/03 Daytime Phone # (305) 951-7211

Typed or printed name of signing Managing Member/Manager **Ilan Mendelson**

CR2ED41 (10/02)