

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF BANKING AND FINANCE
DIVISION OF CORPORATIONS

L9800002068

FILED

03 SEP 16 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98-000002068

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

Country

USA

3. Mailing Office Address

20191 E. Country Club Dr.

Suite, Apt. #, etc.

Suite #2701

City & State

Aventura, FL

Zip

33180

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 ☒

\$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

JK

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

REGISTERED AGENT MUST SIGN

Date

9/15/2003

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 |
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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

Date

9/15/03

Daytime Phone #

(305) 951-7211

Typed or printed name of signing Managing Member/Manager

Ilan Mendelson

CR2ED41 (10/02)