

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 13 AM 9:27

DOCUMENT # L99000001931

1. Limited Liability Company's Name

HUREKA, LLC
1661 MERIDIAN AVENUE
MIAMI BEACH, FL 33139

9/29/00

2. Principal Office Address

SAME AS #1

3. Mailing Office Address

SAME AS #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

3/3/99

6. FEI Number

65-0909937

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

KARIM MASRI

200004484222-5

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

C/O HOTEL ASTOR

-07/13/01--01042--015

****200.00 ****200.00

Suite, Apt. #, Etc.

956 WASHINGTON AVENUE

City

MIAMI BEACH

State

FL

Zip Code

33139

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

X

REGISTERED AGENT MUST SIGN

Date 6/29/01

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
PRES	KARIM I MASRI	956 WASHINGTON AVENUE	MIAMI, FL 33139
		UBR 00 - 50.00	
		UBR 01 - 50.00	
		Rain - \$100.00	
		\$ 200.00	nc
REINSTATEMENT 2000-01			

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

X

Date 6/29/01

Daytime Phone # 305-531-8081

Typed or printed name of signing Managing Member/Manager

KARIM MASRI

CR2E041 (9/00)