

L99000005153
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 JUN -8 AM 8:29

DOCUMENT # L99-5153

1. Limited Liability Company's Name

KOSHERFINDER, LLC

9/29/00

2. Principal Office Address

1166 KANE CONCOURSE

Suite, Apt. #, etc.

SUITE 5

City & State

BAY HARBOR, FLORIDA

Zip

33154

Country

USA

3. Mailing Office Address

1166 KANE CONCOURSE

Suite, Apt. #, etc.

SUITE 5

City & State

BAY HARBOR, FL

Zip

33154

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

August 17, 1999

6. FEI Number

65-0951846

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

JACOB J. GIVNER

500004433005-3

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

1166 KANE CONCOURSE

06/20/01-01085-006

****200.00 ****200.00

Suite, Apt. #, Etc.

SUITE 5

City

BAY HARBOR

State

FL

Zip Code

33154

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

Jacob J. Givner

REGISTERED AGENT MUST SIGN

Date 5/17/01

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
MGR	JACOB J. GIVNER	1166 KANE CONCOURSE SUITE 5	BAY HARBOR, FL 33154
			\$100.00 Rein
			50.00 2000
			50.00 2001
			200.00
		REINSTATEMENT	2000-2001 nc

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

Jacob J. Givner

Date 5/17/01

Daytime Phone #

305 867 6470

Typed or printed name of signing Managing Member/Manager

JACOB J. GIVNER

CR2EDM1 (8/00)