# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L99000008753

1. Entity Name
SOUTH FLORIDA INVESTMENT GROUP, LLC

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 13 AM 9:11

| Principal Place of Business | Mailing Address |
|---|---|
| 80 N.E. 168TH ST.<br>N. MIAMI BEACH, FL 33162 | 80 N.E. 168TH ST.<br>N. MIAMI BEACH, FL 33162 |

09232005 REIN-LLC CR2E101 (6/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| PO Box 601545 | P.O. Box 601545 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: North Miami Beach FL | City & State: NMB. FL |
| Zip: 33160 Country: | Zip: 33160 Country: |

4. FEI Number: 65-1067385 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HADAD, ELI<br>80 N.E. 168TH ST.<br>N. MIAMI BEACH, FL 33162 | Name: Hadad, Eli<br>Street Address (P.O. Box Number is Not Acceptable): 3209 NE 169 St 33160<br>City: North Miami Beach FL Zip Code: 33160 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 9/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After January 1, 2006, Fee will be $200.00**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HADAD, ELI<br>80 N.E. 168TH ST.<br>N. MIAMI BEACH, FL 33162 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>3209 NE 169 St.<br>North Miami Beach FL 33160 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>REINSTATEMENT 2005 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>500060975005<br>10/27/05--01052--004 **155.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** ELI HADAD 9/12/05 3059442408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #