PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

COMPANY REINSTATEMENT  COMPANY  Secretary of State  Division of Corporations			SECRETARY OF STATE DIVISION OF CORPORATIONS  10 APR 27 PM 2: T9	
DOCUMENT # M06000000651  1. Limited Liability Company's Name Birkat David LLC				
Principal Office Address - No P.O. Box # 3, Mailing		owerline Road	000178012750 04/27/1001017010 **5180.25 CR2E041 (11/09)  4. State/Country of Formation Alaska 5. Date Organized or Qualified	
City & State City & Sta		atan Dianida	To Do Business in Florida January 25, 2006  6. FEI Number Applied For	
Boca Raton, Florida  Zip Country	Zip	Country	20-4000295 Not Applicable	
33433 USA	33433	USA	CERTIFICATE	S5.00 Additional Fee required for a Cortificate of Status
8. Name and Address of Current Registered Agent  Name CLASP, INC.  Street Address (P.O. Box Number is Not Acceptable) 3001 Tamiami Trail North  Suite, Apt. #, Etc. 400  City Naples  State Zip Code 133433			A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
9. I, being appointed the registered agent of the above named/limited hability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent  Date 4/21/10				
10. Names and Street Addresses of Managing Mem	bers/Managers			
Titles Name of Managing Members/ Managers		Street Address of Each Managing Member/Manager  21301 Powerline Road		City / State / Zip
MGR Jonathan S. Agus		Suite 104		Boca Raton, Florida 33433
REINSTATEMENT 2008-2010				
11. E-mail Address: mrodriguez@cl-law/qom				
12. 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 filling this reinstatement application the reason for dissolution has been eligitinated, the limited liability company name satisfies the requirements of section 608.405, F.S., and that all fees owed by the limited liability company have been bild. 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 4-21-10 Daytime Phone # 954-798-2429  Typed or printed name of signing Managing Member/Manager  Johachan S. Agus				

## CUMMINGS & LOCKWOOD LLC



Matthew N. Turko

Associate

Also Admitted In Connecticut

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Street Address: Collier Place II

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239.262.8311 Phone 239.263.0703 Fax

April 23, 2010

**Division of Corporations** Registration Section Post Office Box 6327 Tallahassee, Florida 32314

> Re: Florida Reinstatements

Dear Sir or Madam:

Enclosed please find the executed copies of the Florida reinstatement forms for the following entities:

- (1)Birkat David LLC;
- Birkat David II LLC; (2)
- Birkat David III LLC; (3)
- Birkat David IV LLC; (4)
- Birkat David V LLC; (5)
- Birkat David VI LLC; (6)
- (7) Ashkenazy and Agus Family LLC;
- Ashkenazy Cocoa Investments LLC; (8)
- Ashkenazy Cocoa Investments 2 LLC; (9)
- Condomax USA Greens Rental Management LLC; (10)
- Birkat Harav Camino LLC: (11)
- (12)BTGOffices LLC; and
- Grove Synagogue, Inc. (13)

Additionally, check number 2642 in the amount of \$5,180.25 payable to the Department of State is enclosed with this letter for the Florida reinstatement fees owed for all of the entities designated above. Please process these reinstatements as soon as possible to ensure that all entities designated above are in active and good standing with the state of Florida.

If you have any questions, please do not hesitate to contact me.

With best regards, I am,

Sincerely,

Matthew N. Turko

MNT

Enclosures as stated
cc: Mr. Jonathan S. Agus (w/o copies of enclosures)
Jonathan E. Gopman, Esquire (w/o copies of enclosures)