## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

## LIMITED LIABILITY COMPANY REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Secretary of State
Division of Corporations

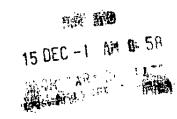
## DOCUMENT # M14000007204

1. Limited Liability Company's Name

ZION JACKSONVILLE LLC

felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member



2. Principal Of	ffice Address - No P.O. Box#	3. Mailing Of	3. Mailing Office Address			CR2E041 (1/14)		
9469 EAS1	FPORT RD	225 E 571	225 E 57TH ST			4. State/Country of Formation		
Suite, Apt. #, etc.		Suite. Apt. #,	Suite. Apt. #, etc.			Delaware		
		STE 14E					ized or Qualified ness in Florida 10/06/201	4
City & State		City & State	City & State			6. FEI Number Applied For		
JACKSONVILLE, FL		NEW YOR	NEW YORK, NY			13-3382119 Not Applicable		
Zip	Country	Zip		Country		7	\$5.00 Add	itional Fee required licate of status
32218	US	10022		US		CERTIFICATE U	STATUS DESIRED 55.00 Add for a certification	ficate of status
	8. Name and A	ddress of Current Reg	Istered Agent					
Name						]		
	S, COHEN, DAWSON	<u> </u>	SLE, PA			-		
Street Address (P.O. Box Number is Not Acceptable) Suite. 200 W FORSYTH ST.								
Apt. #. Etc.				,		100279623301 12/01/15-01010023 **238.75		
STE 1300					<u>.                                    </u>	12701	/1501010023	<del>**</del> *238.75
JACKSONVILLE State Zip Code 32202								
9. I, being a	appointed the registered agent of	the above named limited	l liability compa	ıny, am familiar wit	th and acc	ept the obligation	s of Chapter 605, F.S.	
Signature of		ا کخ						سے
Registered Ag	gent	REGISTERED AGE	NT MUST SIGN				Date	2
10. Names ar	nd Street Addresses of Authorize							
	Name of		Street Address of Each			Oh. ( Oh.) ( 7)		
Titles	Authorized Represe Managers		Authorized Representati Manager_			ve/	City / State / Zip	
MBR	ZION, ADINA		22	225 E 57TH ST - STE 14E			NEW YORK, NY 10022	
MBR	ZION, JOSH			25 E 57TH ST - STE 14E			NEW YORK, NY 10022	
MBR	ZION, MARK			225 E 57TH ST - STE 14E			NEW YORK, NY 10022	
						_	4 8045	·
	REINSTATEMENT				DEC- 0 1 2015			
		(C11/2)	AIL	MEN		F	. HUNT	
11, E-mail Ad	dress: joshzion2@gma	il.com						<u> </u>
4.5 1				r future annual repor				
certify that w	hen filing this reinstatement ap	plication the reason for c	dissolution has	been eliminated,	the limite	ed liability compa	as provided for in Chapter 605, I ny name satisfies the requireme cation is true and accurate, and	nt of section

shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree

Joshua Zion

Date 11-4-15

212 593-2033