

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS 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**

2. Principal Office Address - No P.O. Box #  
**9469 EASTPORT RD**

Suite, Apt. #, etc.

City & State  
**JACKSONVILLE, FL**

Zip Country  
**32218 US**

3. Mailing Office Address  
**225 E 57TH ST**

Suite, Apt. #, etc.  
**STE 14E**

City & State  
**NEW YORK, NY**

Zip Country  
**10022 US**

**8. Name and Address of Current Registered Agent**

Name

**EDWARDS, COHEN, DAWSON, MANGU & NOBLE, PA**

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

**200 W FORSYTH ST.**

Apt. #, Etc.

**STE 1300**

City  
**JACKSONVILLE**

State Zip Code  
**FL 32202**

CR2E041 (1/14)

4. State/Country of Formation  
**Delaware**

5. Date Organized or Qualified  
To Do Business in Florida **10/06/2014**

6. FEI Number **13-3382119** Applied For ☐ Not Applicable ☒

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status

**100279623301**  
**12/01/15--01010--023 \*\*238.75**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date **11/12/15**

**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MBR	ZION, ADINA	225 E 57TH ST - STE 14E	NEW YORK, NY 10022
MBR	ZION, JOSH	225 E 57TH ST - STE 14E	NEW YORK, NY 10022
MBR	ZION, MARK	225 E 57TH ST - STE 14E	NEW YORK, NY 10022
<b>REINSTATEMENT</b>			
<b>DEC-01-2015</b>			
<b>R. HUNT</b>			

11. E-mail Address: **joshzion2@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date **11-4-15**

Daytime Phone # **212 593-2033**

Typed or printed name of signing authorized representative/member **Joshua Zion**