

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

00 OCT 24 PM 11:02

DOCUMENT # M99000000152

1. Limited Liability Company's Name

Zagara, L.L.C.

2. Principal Office Address

479 Rt 17 N

Suite, Apt. #, etc.

City & State

Mahwah N.J.

Zip

07430

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

New Jersey

5. Date Organized or Qualified To Do Business in Florida

Oct 1996

6. FEI Number

22-3470753

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

Steven Perry P.A.

600003459376-8

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

2081 E Ocean Blvd

-11/09/00-01099-011

***150.00 ***150.00

Suite, Apt. #, Etc.

2nd Floor

City

Stuart

State

FL

Zip Code

34996

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-20-00

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	Matthew Frasco	479 Rt 17	Mahwah NJ 07430
mgr	Michael Frasco	479 Rt 17	Mahwah NJ 07430
mgr	Nancy Boitnott	479 Rt 17	Mahwah NJ 07430

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

[Signature]

Date 10/17/00

Daytime Phone (201) 529-1213

Typed or printed name of signing Managing Member/Manager

Matthew Frasco

CR2E041 (9/00)