

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

00 SEP 20 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P980000043381

1. Limited Liability Company's Name

KADIMA, Inc

2. Principal Office Address

% GLINSKY 169 East Flagler St.

Suite, Apt. #, etc.

1118

City & State

MIAMI FLORIDA

Zip

33131

Country

MIAMI DADE

3. Mailing Office Address

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business In Florida

5/13/98

6. FEI Number

65-0838817

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

Michael Glinsky

000003417960--6

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

169 E. Flagler Street

-10/09/00--01007--010

****900.00 ****900.00

Suite, Apt. #, etc.

1118

City

MIAMI

State

FL

Zip Code

33131

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]

Date 9/16/2000

REGISTERED AGENT MUST SIGN

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
P.V. S.T.	Vitale Rosenthal	% GLINSKY 169 E. Flagler St # 1118	MIAMI, FLORIDA-33131

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 9/16/2000 Daytime Phone # 305 3584466

Typed or printed name of signing Managing Member/Manager

VITALE ROSENTHAL