LIMITED LIABILITY

COMPANY

REINSTATEMENT

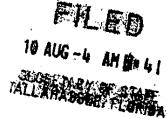


FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPURATIONS

DOCUMENT # 106000061941

Typed or printed name of signing Managing Member/Manager

1. Limited Liability Company's Name



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CAROLE and NATHALIE, PARIS,LLC						CR2E041 (05/10)		
2. Principal Office Address - No P.O. Box# 3561 NORTH PROSPECT DRI 3			1	3. Mailing Office Address				
Suite, Apt. #. etc.			Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA USA			
			·		Date Organized or Qualified To Do Business in Florida JUNE 2006			
City & State			City & State		6. FEI Numbe	JONE 2000		
MIAMI FLORIDA Zip Country		MIAMI FLORIDA Zip Country		Country	205366164 Not Applicable			
33133		USA	33133		USA	7. CERTIFICATE	OF STATUS DESIRED 🗹 \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent						(,)		
Name NAHALIE JONGUA								
Street Address (P.O. Box Number is Not Acceptable) 3561 NORTH PROSPECT DRIVE								
Suite, Apt.	#, Etc.					700183276537 07/14/1001022004 **\$16.25		
City MIAMI					State Zip Code FL 33133			
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							Date 07/12/2010	
REGISTERED AGENT MUST SIGN							9,7,9	
10. Names and Street Addresses of Managing Members/Managers								
10. Name	s and Street		mbers/Managers					
10. Name		Addresses of Managing Me Name of Managing Members/Manag			Street Address of Each Managing Member/Manag		City / State / Zip	
		Name of	gers		Managing Member/Manag	ger	city/State/Zip	
		Name of Managing Members/Manag	gers	<u></u>	Managing Member/Manag	ger	\	
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		Name of Managing Members/Manag	gers		Managing Member/Manag	ger	\	
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Titles	Nout MGI NATI CAR	Name of Managing Members/Managing Members/Members	gers Co GARCI COUA COUA CEINS	SAA	Managing Member/Manage SSELLYCKET RECLUSS DIVINITION TEMENT OS-	b Prosp 6/ Ax ve D/2 10 OB	\	
MGR 11. E-mail A 12. I certify filing the all fees	MG MAT I CAR UU U Address: 2 y that I am mais reinstatem	Name of Managing Members/Managing Members/Managing Members/Managing Members/Managing Members/Managing member/manager of application the reason for limited liability grompany have	DESIZE OF THE RECEIVER OF THE	SAA	Managing Member/Manage SE Work RECUSS DOI Of future annual report notification powered to execute this applicated, the limited liability composited.	b Prose 6/ Ax 10 B cation as provided any name satisfie	\	