

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LO6000061941

1. Limited Liability Company's Name

CAROLE and NATHALIE, PARIS, LLC

2. Principal Office Address - No P.O. Box #

3561 NORTH PROSPECT DRIVE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33133

Country

USA

3. Mailing Office Address

3561 NORTH PROSPECT DRIVE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33133

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

JUNE 2006

6. FEI Number

205366164

☐ 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

NATHALIE JONGUA

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

3561 NORTH PROSPECT DRIVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

07/12/2010

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	NATHALIE JONGUA GARELL	3561 North Prospect Drive	Miami 33133
MGR	CAROLE LEDESMA	3561 NORTH PROSPECT DRIVE MIAMI	33133 FLORIDA

11. E-mail Address: carolennathalie@aol.com  
(To be used for future annual report notifications)

12. 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

Date

07/12/10 Daytime Phone (347) 219 1669

Typed or printed name of signing Managing Member/Manager