

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -1 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Limited Liability Company's Name

Millani, L.L.C.
100 Eaton Square
London, SW1 9 AQ

L010000005598

10/4/02

800025389589
12/15/03--01041--005 **200.00

2. Principal Office Address

100 Eaton Square

Suite, Apt. #, etc.

City & State

London, SW 1 9 AQ

Zip

Country
London

3. Mailing Office Address

1550 Madruga Avenue

Suite, Apt. #, etc.

Suite 120

City & State

Coral Gables, Florida

Zip

33146

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

4/11/01

6. FEI Number

Applied For

☒

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

Mark L. Rivlin, P.A.

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

1550 Madruga Avenue

Suite, Apt. #, Etc.

Suite #120

City

Coral Gables

State

FL

Zip Code

33146

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 11/24/03

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
MGR MM	Wayne Heathcote	100 Eaton Square London SW 1 9AQ	London

REINSTATEMENT

2002-2003

BKC

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

Date 11/24/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager