

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 27 AM 8:05

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000001547

1. Limited Liability Company's Name

Barbizon International LLC

000209400110

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
3111 N. University Drive

3. Mailing Office Address
3111 N. University Drive

Suite, Apt. #, etc.

Suite 1002

Suite, Apt. #, etc.

Suite 1002

City & State

Coral Springs

City & State

Coral Springs

Zip

33065

Country

U.S.A.

Zip

33065

Country

U.S.A.

4. State/Country of Formation

Florida / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

02/10/2000

6. FEI Number

651008110

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 CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

E-mail Address:

ksteiner@kelaw.com

(To be used for future annual report notices)

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

Matthew Young

Asst. V. Pres.

Date 6-27-11

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
MGRM	David Harris	3111 N. UNIVERSITY DR. STE 1002	CORAL SPRINGS FL 33065
MGRM	Barry Rothberg	3111 N. UNIVERSITY DR. STE 1002	CORAL SPRINGS FL 33065

REINSTATEMENT 2009-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 6/21/2011

Daytime Phone # 914 403 4646

Typed or printed name of signing Managing Member/Manager David Harris

L00000001547

BARBIZON INTERNATIONAL INC.
3111 N. University Drive
Suite 1002
Coral Springs FL 33065

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 27 AM 8:05

June 20, 2011

Re: Barbizon International LLC
Document Number: L00000001547
FEI/EIN Number: 651008110
Date Filed: 02/10/2000
Principal Address: 3111 N. University Drive, Suite 1002
Coral Springs, FL 33065

To Whom It May Concern:

Barbizon International Inc. hereby gives consent to use of name to Barbizon International LLC
for use in Florida.

BARBIZON INTERNATIONAL INC.

By:


David Harris, Member

BK



CORPORATION SERVICE COMPANY

L00000001547

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 27 AM 8:05

ACCOUNT NO. : I20000000195

REFERENCE : 826834 4300239

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 521.25

ORDER DATE : June 27, 2011

ORDER TIME : 3:17 PM

ORDER NO. : 826834-005

CUSTOMER NO: 4300239

DOMESTIC FILINGS

NAME: BARBIZON INTERNATIONAL LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
XXX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext# 2962

EXAMINER'S INITIALS _____

RECEIVED
11 JUN 28 PM 4:14
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Signature]