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
01 NOV 28 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001554

1. Limited Liability Company's Name

Splendour, LLC

2. Principal Office Address	**3.** Mailing Office Address
3225 Aviation Avenue	3225 Aviation Avenue
Suite, Apt. #, etc.: Suite 700	Suite, Apt. #, etc.: Suite 700
City & State: Miami, Florida	City & State: Miami, Florida
Zip: FL 33133 Country: USA	Zip: FL 33133 Country: USA

4. State/Country of Formation: Florida.

5. Date Organized or Qualified To Do Business in Florida: 01/28/2000

6. FEI Number: 65-1117901 ☑ 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: Will van der Vlugt

Street Address (P.O. Box Number is Not Acceptable): 3225 Aviation Avenue

Suite, Apt. #, Etc.: Suite 700

City: Miami, FL 33133 State: FL Zip Code:

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****155.00 ****155.00

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: _____
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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	Dutchess Management Inc	3225 Aviation Avenue	Miami, FL 33133
MGRM	Will van der Vlugt	Suite 700, Miami.	

REINSTATEMENT 01-443 dcc

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: 11/12/01 Daytime Phone # 001305667 1930

Typed or printed name of signing Managing Member/Manager: Will van der Vlugt