

L00000003628

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
03 OCT 16 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200023863552
10/16/03--01088--005 **150.00

DOCUMENT #

1. Limited Liability Company's Name
ATELIER DECOR, L.L.C.

2. Principal Office Address
9058 Glades Rd.
Suite, Apt. #, etc.
234
City & State
Boca Raton
Zip
33434
Country
USA

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
FL
Zip
Country

4. State/Country of Formation
FLORIDA, USA
5. Date Organized or Qualified
To Do Business in Florida 04/25/00
6. FEI Number
650998514
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
Terri Pakravan
Street Address (P.O. Box Number is Not Acceptable)
9839 Palma Vista Way
Suite, Apt. #, Etc.
City
Boca Raton
State
FL
Zip Code
33428

REINSTATEMENT 2003

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 [Signature] Date 10/13/2003
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
MEM	Terri Pakravan	9839 Palma Vista Way Boca Raton, FL 33428	

200023863552
10/16/03--01088--006 **5.00

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 [Signature] Date 10/13/03 Daytime Phone# (561) 289-5167
Typed or printed name of signing Managing Member/Manager Terri Pakravan