

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG -5 AM 10:33

DOCUMENT # L00000004147

1. Limited Liability Company's Name
Babette, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 9408 W. Broadview Drive Suite, Apt. #, etc.		3. Mailing Office Address 9408 W. Broadview Drive Suite, Apt. #, etc.	
City & State Bay Harbour Islands, FL		City & State Bay Harbour Islands, FL	
Zip 33154	Country USA	Zip 33154	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 4/11/2000	
6. FEI Number 65-1018098	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Elisabeth Haas			
Street Address (P.O. Box Number is Not Acceptable) 9408 W. Broadview Drive Suite, Apt. #, Etc.			
City Bay Harbour Islands	State FL	Zip Code 33154	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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]

REGISTERED AGENT MUST SIGN

Date 8/1/2008

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	Elisabeth Haas	9408 W. Broadview Drive	Bay Harbour Islands, FL 33154

400133997754
08/05/08--01027--012 **\$50.00

REINSTATEMENT 2005-08

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 8/1/2008 Daytime Phone # (305) 866-9125

Typed or printed name of signing Managing Member/Manager Elisabeth Haas