

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2001

FILED

01 OCT 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

CAMELEON LLC

L-9234

2. Principal Office Address

507 S.E. MIZNER BLVD

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33432

Country

USA

3. Mailing Office Address

507 S.E. MIZNER BLVD

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33432

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

GANATRA, KITBERLY YASMIN

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

620 GOLDEN HARBOR

Suite, Apt. #, Etc.

300004661533-9

10/31/01-01075-013

****150.00 ****150.00

City

BOCA RATON

State
FL

Zip Code

33432

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

REGISTERED AGENT MUST SIGN

Date 10/22/01

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	GANATRA KITBERLY YASMIN	620 GOLDEN HARBOR	BOCA RATON FL 33432
MGR	PIERRE VIALANT	620 GOLDEN HARBOR	BOCA RATON FL 33432

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

10/22/01

Daytime Phone #

10/22/01

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)