

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAY 10 PM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT #

1. Limited Liability Company's Name

SHANA LLC

LU0000000 9733

2. Principal Office Address - No P.O. Box #

2600 ISLAND BLVD

Suite, Apt. #, etc.

1506

City & State

AVENTURA, FL

Zip

33160

Country

USA

3. Mailing Office Address

2600 ISLAND BLVD

Suite, Apt. #, etc.

1506

City & State

AVENTURA, FL

Zip

33160

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

08/14/2000

6. FEI Number

905755384

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

LAURENT BRODA

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

2600 ISLAND BLVD

Suite, Apt. #, etc.

1506

City

AVENTURA

State

FL

Zip Code

33160

☒ 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

REGISTERED AGENT MUST SIGN

Date 5/11/07

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
TIGER	CHANTAL BRODA	2600 ISLAND BLVD, ST 1506	AVENTURA, FL 33160

REINSTATEMENT 03-07

300102931883
05/21/07--01015--017 **255.00

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

Date 5/11/07

Daytime Phone # 3059334336

Typed or printed name of signing Managing Member/Manager

CHANTAL BRODA