

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 JAN 15 PM 4:05

**DOCUMENT # L00000016327**

1. Limited Liability Company's Name

**VIZEAU INTERNATIONAL, LLC**

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 21391 MARINA COVE CIRCLE Suite, Apt. #, etc. UNIT K-12 City & State AVENTURA, FLORIDA Zip Country 33180 USA		<b>3. Mailing Office Address</b> 21391 MARINA COVE CIRCLE Suite, Apt. #, etc. UNIT K-12 City & State AVENTURA, FLORIDA Zip Country 33180 USA	
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<b>4. State/Country of Formation</b> FLORIDA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 12-29-2000	
<b>6. FEI Number</b> 30-0450064	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>			
Name CAROLINA ROTH			
Street Address (P.O. Box Number is Not Acceptable) 21391 MARINA COVE CIRCLE			
Suite, Apt. #, Etc. UNIT K-12			
City AVENTURA	State FL	Zip Code 33180	

☐ 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 01/04/08

**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	CAROLINA ROTH	21391 MARINA COVE CIRCLE UNIT K-12	AVENTURA, FLORIDA 33180
			500114862275 01/11/08--01049--020 **500.00
			200114862532 01/11/08--01049--021 **710.00

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 01/04/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CAROLINA ROTH