

L01000002281

APPROVED
AND
FILED

03 APR -8 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000002281

1. Limited Liability Company's Name

Philip Norris & Associates, LLC
3105 NE 184 ST SUITE #7103
Aventura FL 33160-4984

700014063657
04/08/03--01045--014 **50.00

700014063657
03/13/03--01047--013 **150.00

2. Principal Office Address

208 N. University Drive
Suite, Apt. #, etc.

3. Mailing Office Address

208 N. University
Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL 33024

Zip

33024

Country

USA

Zip

33024

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

2-13-01

6. FEI Number

65-1076028

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

PATRICK MOYAL

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

208 N. University Drive

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33024

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

Patrick Moyal

Date 2/28/03

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
MGR	Norris, Philippe	3105 NE 184 ST	Aventura, FL 33160
MGR Partner	Thibaud, Joel A. Claude	3105 NE 184 ST	Aventura, FL 33160

REINSTATEMENT

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 2/28/03

Daytime Phone # 954-430-3930

Typed or printed name of signing Managing Member/Manager