

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 SEP 14 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 01 00000 3278

1. Limited Liability Company's Name

LES ENFANTS LLC

000041020830  
09/14/04--01009--003 \*\*250.00

2. Principal Office Address

10925 Danielle Dr

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 902

Suite, Apt. #, etc.

City & State

Largo FL

City & State

Indian Rocks Bch FL

Zip

33774

Country

USA

Zip

33785

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

3/5/01

6. FEI Number

59-3700858

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

DAVID MEUNIER

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

10925 Danielle Drive

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33785

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

DAVID MEUNIER  
REGISTERED AGENT MUST SIGN

Date 9/9/04

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
MGA	DAVID MEUNIER	10925 Danielle Drive	Largo FL 33785

REINSTATEMENT

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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

DAVID MEUNIER

Date 9/9/04

Daytime Phone # 327 409 6963

Typed or printed name of signing Managing Member/Manager

DAVID MEUNIER

CR2E041 (10/02)