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LIMITED LIABILITY REINSTATEMENT
101 PARC REGENT, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	$1,071.25

G. MCLEOD
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (05/10)

DOCUMENT # L01000003856

1. Limited Liability Company's Name
101 PARC REGENT, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
184 BRADLEY PLACE		6, Place Chevelu.	
Suite, Apt. #, etc. UNIT #101		Suite, Apt. #, etc.	
City & State PALM BEACH, FL		City & State Geneva	
Zip 33480	Country USA	Zip 1201	Country SWITZERLAND

4. State/Country of Formation: FLORIDA
5. Date Organized or Qualified To Do Business in Florida: 03/13/2001
6. FEI Number: ☐ 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: C T Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

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: JoAnne McCarthy Date: 7/8/2010
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
MGRM	Fakhry Abdelnour	2 CH. SEBASTIEN-CASTELLION	1223 COLOGNY, SWITZERLAND

11. E-mail Address sophie@abdnour.ch
(To be used for future annual report notifications)

12. 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 07/08/2010 Daytime Phone #

Typed or printed name of signing Managing Member/Manager: Fakhry Abdelnour

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