PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000007256

APPLICATION OF REINSTATEMENT — FLORIDA DEPARTMENT OF STATE
Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT #   L01000007256

Name and Mailing Address

0010111 01 FP 0.352 **PRSRT H6 O 0615 33486-352381

P A P I, LLC
781 NW 7TH DRIVE
BOCA RATON FL 33486-3523

03 OCT 21 AM 8: 00

SECRETARY OF STATE
TALLAHASSEE FLORIDA
50002397292S
10/21/03--01081---011 **205.00

2. New Mailing Address 475 NE, 5th Street	**4.** State/Country of Formation FL
City, State, Zip BOCA RATON FL 33432	**5.** Date Organized or Qualified To Do Business in Florida 05/08/2001

Principal Place of Business ~~781 NW 7TH DRIVE~~ ~~BOCA RATON FL 33486~~	**3.** New Principal Place of Business Address 475 NE 5th Street	**6.** FEI Number 65-1103272	Applied For / Not Applicable
	City, State, Zip BOCA RATON FL 33432	**7.** CERTIFICATE OF STATUS DESIRED ☒	$5.00 **Additional Fee required** for a Certificate of Status

8. Name and Address of Current Registered Agent	**9.** Name and Address of New Registered Agent
~~VIALLANT, PIERRE~~ ~~781 NW 7TH DRIVE~~ ~~BOCA RATON FL 33486~~	Name Gimenez Patrick
	Street Address (P.O. Box Number is Not Acceptable) 475 NE 5th Street
	City BOCA RATON FL Zip Code 33432

10. 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 10/16/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
~~MGRM~~	~~VIALLANT, PIERRE~~	~~201 ANGLER AVE.~~	~~PALM BEACH FL 33480~~
MGRM	GIMENEZ, PATRICK	~~567 SE MIZNER BLVD.~~ 475 NE 5th Street	BOCA RATON FL 33432
MGRM	Gimenez Nathalie	475 NE 5th Street	BOCA RATON FL 33432
			REINSTATEMENT 03-03 cus

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 _____   Date 10/16/03   Daytime Phone # 561 395 7077

Typed or printed name of signing Managing Member/Manager   Gimenez Patrick

CR2E034 (8/02)