2007 LIMITED LIABILITY COMPANY

| | REINSTA | ATEMENT | | | | | | |
|---|---|---|--|--|---|---|-----------------------------|------------------------------|
| 1. Entity Nam | | | | | | | | |
| LA MAISON DE L'ENTRECOTE, LLC | | | | | Sp. 25 111 8 | | | |
| Principal Plac | ce of Business | Mailing Address | | | 4025 1118 | :: 18 | | |
| 11479 NW 76 ST DORAL, FL 33178 | | 11479 NW 76 ST , DORAL, FL 33178 | | | | | | |
| 6 D: : | N. C. N. D. C. D. (f | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 17264 NW 38ST | | 3. Mailing Address 11264NW 7857 | | <u>sī</u> | } | IAI OOIA OORO 10101 | 1 1 | I I |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | | 091920 | 7 REIN-LLC | CR2E10 | 1 (1/07) | |
| City & State DORAL FL ? | | City & State DONAL, FL | | L | 4. FEI Number Applied For 65-1111842 Not Applicable | | | |
| 7:- | Country | Zip 33(78 | Country | i | cate of Status Desired | | 5.00 Addi | tional |
| | 6. Name and Address of Current | Registered Agent | | 7. Name | and Address of New I | | | |
| ALLIEGRO | D, EDMUNDO | Name | ALLIEG | - | | | | |
| 11479 NW 76 ST DORAL, FL 33178 | | | | · | imber is Not Acceptabl | le) | | |
| r | | | | 64 N.W | 48 ST | | r | |
| | | | <u> </u> | DORAL | | FL | Zip Code | 37,45 |
| | e named entity submits this statement for tions of registered agent. | or the purpose of changing its re | egistered office or r | registered agent, o | both, in the State of Fl | lorida. I am far | niliar with, a | and accept |
| | Januardo (Illeec) | ic Ui. | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: | Registered Agent signatu | ure required when reinst. | rting) | DATE | | |
| | | | | · | | • | | |
| FIL | Signature, typed or printed name of registered agent LE NOWILL FEE IS \$50.00 ary 1, 2008, Fee will be \$100.00 | In accordance with s. | 607.193(2)(b), F | S., the limited | Mai | DATE ke check pay la Departmen | | |
| FIL | LE NOWIII FEE IS \$50.00 | In accordance with s. | 607.193(2)(b), F | S., the limited | Mai Florid | ke check pay | | |
| Fit After January 9. | LE NOWILI FEE IS \$50.00 ary 1, 2008, Fee will be \$100.00 MANAGING MEMBE | In accordance with s. | 607.193(2)(b), F not receive the pr | S., the limited | Mai Florid | ke check pay la Departmen | | ☐ Addition |
| 9. TITLE NAME STREET ADDRESS | MANAGING MEMBE MGRM ALLIEGRO, EDMUNDO 11479 NW 76 ST | In accordance with s. liability company did in ERS/MANAGERS | 607.193(2)(b), Fnot receive the pr | S., the limited rior notice. | Mai Florid ADDITIONS | ke check pay la Departmen | t of State | |
| 9. TITLE NAME | LE NOWILI FEE IS \$50.00 ary 1, 2008, Fee will be \$100.00 MANAGING MEMBE MGRM ALLIEGRO, EDMUNDO | In accordance with s. liability company did in ERS/MANAGERS | 607.193(2)(b), Fnot receive the pr | S., the limited rior notice. | Mai Florid | ke check pay la Departmen 6/CHANGES | Change | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MANAGING MEMBE MGRM ALLIEGRO, EDMUNDO 11479 NW 76 ST DORAL, FL 33178 MGRM NERI, NERIO | In accordance with s. liability company did in ERS/MANAGERS | 607.193(2)(b), Fnot receive the print receive th | I.S., the limited rior notice. 11264 NU | ADDITIONS ADDITIONS TO 38178 | ke check pay la Departmen 6/CHANGES | t of State | ☐ Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MANAGING MEMBER MGRM ALLIEGRO, EDMUNDO 11479 NW 76 ST DORAL, FL 33178 MGRM NERI, NERIO | In accordance with s. liability company did in ERS/MANAGERS | 607.193(2)(b), Fnot receive the print receive th | S., the limited rior notice. | ADDITIONS ADDITIONS TO 38178 | ke check pay la Departmen 6/CHANGES | Change | ☐ Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MANAGING MEMBER MGRM ALLIEGRO, EDMUNDO 11479 NW 76 ST DORAL, FL 33178 MGRM NERI, NERIO 11479 NW 76 ST | In accordance with s. liability company did in ERS/MANAGERS | 607.193(2)(b), Frot receive the protective the prot | 11264 Nu | ADDITIONS ADDITIONS TENSIONS ADDITIONS ADDITIONS | ke check pay la Departmen | Change Change | ☐ Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBER MGRM ALLIEGRO, EDMUNDO 11479 NW 76 ST DORAL, FL 33178 MGRM NERI, NERIO 11479 NW 76 ST | In accordance with s. liability company did in the second | 607.193(2)(b), Foot receive the print receive th | 11264 Nu | ADDITIONS ADDITIONS TO 38178 | ke check pay la Departmen | Change Change | Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MANAGING MEMBER MGRM ALLIEGRO, EDMUNDO 11479 NW 76 ST DORAL, FL 33178 MGRM NERI, NERIO 11479 NW 76 ST | In accordance with s. liability company did in the second | 607.193(2)(b), Fnot receive the print receive th | 11264 Nu | ADDITIONS ADDITIONS TENSIONS ADDITIONS ADDITIONS | ke check pay la Departmen | Change Change | Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MANAGING MEMBER MGRM ALLIEGRO, EDMUNDO 11479 NW 76 ST DORAL, FL 33178 MGRM NERI, NERIO 11479 NW 76 ST | In accordance with s. fiability company did in the second | 607.193(2)(b), Foot receive the protective the prot | 11264 Nu | ADDITIONS ADDITIONS TENSIONS ADDITIONS ADDITIONS | ke check pay la Departmen | Change Change Change | Addition Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MANAGING MEMBER MGRM ALLIEGRO, EDMUNDO 11479 NW 76 ST DORAL, FL 33178 MGRM NERI, NERIO 11479 NW 76 ST | In accordance with s. fiability company did in the second | 607.193(2)(b), Fnot receive the print receive th | 11264 Nu | ADDITIONS ADDITIONS TENSIONS ADDITIONS ADDITIONS | ke check pay la Departmen | Change Change Change Change | Addition Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MANAGING MEMBER MGRM ALLIEGRO, EDMUNDO 11479 NW 76 ST DORAL, FL 33178 MGRM NERI, NERIO 11479 NW 76 ST | In accordance with s. fiability company did i | 607.193(2)(b), Foot receive the protective the prot | 11264 NU 1264 NU 1264 NU 1264 NU 1264 NU 1264 NU | Mal Florid ADDITIONS 1 7857 1 7857 2 33(78) 2 33(78) | ke check pay la Departmen | Change Change Change Change | Addition Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBER MGRM ALLIEGRO, EDMUNDO 11479 NW 76 ST DORAL, FL 33178 MGRM NERI, NERIO 11479 NW 76 ST | In accordance with s. fiability company did i | 607.193(2)(b), Foot receive the protective the prot | 11264 NU 1264 NU 1264 NU 1264 NU 1264 NU 1264 NU | ADDITIONS ADDITIONS TENSIONS ADDITIONS ADDITIONS | ke check pay la Departmen | Change Change Change Change | Addition Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MANAGING MEMBER MGRM ALLIEGRO, EDMUNDO 11479 NW 76 ST DORAL, FL 33178 MGRM NERI, NERIO 11479 NW 76 ST | In accordance with s. fiability company did i | 607.193(2)(b), Foot receive the protective the prot | 11264 NU 1264 NU 1264 NU 1264 NU 1264 NU 1264 NU | Mal Florid ADDITIONS 1 7857 1 7857 2 33(78) 2 33(78) | ke check pay la Departmen | Change Change Change Change | Addition Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME | MANAGING MEMBER MGRM ALLIEGRO, EDMUNDO 11479 NW 76 ST DORAL, FL 33178 MGRM NERI, NERIO 11479 NW 76 ST | In accordance with s. fiability company did in the second | 607.193(2)(b), Foot receive the protective the prot | 11264 NU 1264 NU 1264 NU 1264 NU 1264 NU 1264 NU | Mal Florid ADDITIONS 1 7857 1 7857 2 33(78) 2 33(78) | ke check pay la Departmen | Change Change Change Change | Addition Addition Addition |

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE. Jamundo allec Ec lu. 09/19/07

3057176766.