L01000017316

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG -9 PM 1:30

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000017316

1. *Limited Liability Company's Name*

Corinthia LLC

2010

100210877531

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1220 N. Market St	1220 N Market Street
Suite, Apt. # etc	Suite, Apt. #, etc.
suite 804	suite 804
City & State	City & State
Wilmington, DE	Wilmington, DE
Zip / Country	Zip / Country
19801 / USA	19801 / USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 10/08/2001

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: Florida Filing & Search Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza dr.

Suite, Apt. #, Etc: suite A

City: Tallahassee | State: FL | Zip Code: 32301

E-mail Address: janet@corpserviceusa.com
(To be used for future annual report notices)

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: Gabbie Hodge Date: 8/9/11
REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Member/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Danny Vidot	Victoria, Mahe	Seychelles

REINSTATEMENT 2010-2011

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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of Managing Member/Manager: Date: 25.7.2011 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager:

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FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

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DATE: **08/08/11**

NAME: CORINTHIA LLC

TYPE OF FILING: **REISNTATEMENT**

COST: **$377.50 + $5.00= $382.50**

RETURN: **CERTIFICATE OF STATUS**

ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE** Abbie Hodge