

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JUL 27 P 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L-02000003937

1. Limited Liability Company's Name

REIMS INTERNATIONAL, LLC

2. Principal Office Address

261 NE 1st Street

Suite, Apt. #, etc.

Suite 600

City & State

Miami, Florida

Zip

33132

Country

USA

3. Mailing Office Address

261 NE 1st Street

Suite, Apt. #, etc.

Suite 600

City & State

Miami, Florida

Zip

33132

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

02/12/2002

6. FEI Number

20-1382221

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

Philippe Chiroussot-Chambeaux

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

261 NE 1st Street

Suite, Apt. #, Etc.

Suite 600

City

Miami

State

FL

Zip Code

33132

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

See Below

Date 07/21/04

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
Mgr.	Philippe Chiroussot-Chambeaux	261 NE 1st Street, Suite 600	Miami, Florida 33132

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

Date 07/21/04

Daytime Phone# (305) 603-2238

Typed or printed name of signing Managing Member/Manager

Philippe Chiroussot-Chambeaux

reg. Agent

CR2E041 (10/02)