2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:

SECRETARY OF STATE DIVISION OF STATE DOCUMENT # L02000023034 05 AUG 15 AH 9: 25 KALÁ LILY ANTIQUES & DESIGN, LLC Mailing Address Principal Place of Business 000058450600 370 SAN LORENZO AVENUE, #2450 370 SAN LORENZO AVENUE, #2450 08/10/05--01043--006 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 Principal Place of Business
1581 BRICKELL 3. Mailing Address 07122005 REIN-LLC CR2E101 (6/04) 4. FEI Number Applied For 30-0127480 Not Applicable \$5.00 Additional USA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CASTRO, XIMENA Street Address (P.O. Box Number is Not Acceptable) 370 SAN LORENZO AVENUE, SUITE 2450 CORAL GABLES, FL 33146-BRICKELL AVE # 2003 1581 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept XIMENA SIGNATURE In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$100.00 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM TITLE Delete TITLE 1581 BRICKELL AUE CASTRO, XIMENA NAME NAME MIAMI, FL 33129. 370 SAN LORENZO AVENUE, SUITE 2450 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP 1581 BRICKELL AUE Grange Addition Defete TITLE TITLE IBANEZ-PADILLA, SANTIAGO NAME STREET ADDRESS # 2003. MIAMI, +L 33129. 370 SAN LORENZO AVENUE, SUITE 2450 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

XIMENA CASIRO

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TILLU