PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/27/03--01122--016 **150.00

DOCUMENT # L02000023034

1. Limited Liability Company's Name
KALA LILY ANTIQUES & DESIGN, LLC

2. Principal Office Address		3. Mailing Office Address	
370 San Lorenzo Avenue		370 San Lorenzo Avenue	
Suite, Apt. #, etc. 2450		Suite, Apt. #, etc. 2450	
City & State: Coral Gables, Florida		City & State: Coral Gables, Florida	
Zip: 33146	Country: USA	Zip: 33146	Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09-06-2002

6. FEI Number: 30-0127480 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Ximena Castro

Street Address (P.O. Box Number is Not Acceptable): 370 San Lorenzo avenue

Suite, Apt. #, Etc.: Suite 2450

City: Coral Gables State: FL Zip Code: 33146

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 X [signature] Date 10-21-03

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
MGRM	Ximena Castro	370 San Lorenzo Avenue, Ste 2450	Coral Gables, Florida 33146
MGRM	Santiago Ibanez-Padilla	370 San Lorenzo Avenue, Ste 2450	Coral Gables, Florida 33146
			03
			dcc

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 X [signature] Date 10-21-03 Daytime Phone # 305-567-3081

Typed or printed name of signing Managing Member/Manager X Ximena castro