PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 23 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/08/10--01083--014 **416.25

CR2E041 (10/08)

DOCUMENT # L03000013926

1. Limited Liability Company's Name

Papillon Treasure Management, LLC

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
1380 Florida Avenue		PO Box 464	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Astatula, FL		Astatula, FL	
Zip	Country	Zip	Country
34705	US	34705	US

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified To Do Business in Florida
Apr. 18, 2003

6. FEI Number
90-0162581
☐ 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
Larsonallen LLP

Street Address (P.O. Box Number is Not Acceptable)
420 South Orange Avenue

Suite, Apt. #, Etc.
500

City	State	Zip Code
Orlando	FL	32801

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Maria A Roma / LarsonAllen LLP
REGISTERED AGENT MUST SIGN

Date: 5/24/09

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	Schuetz, Inge	PO Box 464	Astatula, FL 34705

REINSTATEMENT 2007-09

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 and facts 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: Inge Schuetz
Date: 5/26/09
Daytime Phone # +41-79-408 26 27

Typed or printed name of signing Managing Member/Manager