

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:31

DOCUMENT # L04000044765

1. Limited Liability Company's Name

Eclat Holdings, LLC

2. Principal Office Address

7511 Miami View Dr.

Suite, Apt. #, etc.

City & State

N. Bay Village, FL

Zip

33141

Country

Dade

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/14/04

6. FEI Number

81-0662399

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

Steven Robert Kozlowski

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

927 Lincoln Rd.

Suite, Apt. #, Etc.

Suite 118

City

Miami Beach

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

REGISTERED AGENT MUST SIGN

Date

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	Jean-Francois Mourier	7511 Miami View Drive	N. Bay Village, FL 33141
MGR	Anette Mourier	7511 Miami View Drive	N. Bay Village, FL 33141

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REINSTATEMENT 05-06

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

Anette Mourier

Date 12.20.2006

Daytime Phone # (305) 751-5398

Typed or printed name of signing Managing Member/Manager

Anette Mourier