L04000069815

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT

LA PLACE DU BATEAU, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$937.50

RECEIVED
11 MAY 11 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 MAY 11 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN
MAY 12 2011
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 MAY 11 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L04000069815

1. Limited Liability Company's Name

LA PLACE DU BATEAU, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
320 Sparta Avenue	320 Sparta Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	P. O. Box 853
City & State	City & State
Sparta, NJ	Sparta, NJ
Zip: 07871 Country: USA	Zip: 07871 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 9/24/2004

6. FEI Number: 20-1855721 ☐ 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: Robert H. Williams Jr.

Street Address (P.O. Box Number is Not Acceptable): 100 N.E. 20th Terrace

Suite, Apt. #, Etc.:

City: Deerfield Beach State: FL Zip Code: 33441

E-mail Address:

BobW@secable.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: _____ Date: 05/09/11

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	Edward Walson	320 Sparta Avenue, P. O. Box 853	Sparta, NJ 07871

REINSTATEMENT 2006-11

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0108, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: _____ Date: 05/09/11 Daytime Phone #: 973-788-9536

Typed or printed name of signing Managing Member/Manager: Edward Walson