PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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11/27/07--01023--001 **100.00

FILED
07 NOV 15 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000009121

1. Limited Liability Company's Name

BELLE RP LLC

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2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
EMPIRE STATE BLDG	2665 S. Bayshore Drive
Suite, Apt. #, etc.: 7710	Suite, Apt. #, etc.: Suite 703
City & State: NEW YORK, NY	City & State: Miami, FL
Zip: 10118 Country: USA	Zip: 33133 Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 01/27/2005

6. FEI Number: 20-2445506 ☐ 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: POLANSKY, MITCHELL S ESQ.

Street Address (P.O. Box Number is Not Acceptable): 2665 SOUTH BAYSHORE DRIVE

Suite, Apt. #, Etc.: SUITE 703

City: MIAMI State: FL Zip Code: 33133

☑ 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: _____ Date: 11/12/07

REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Title	Last Name Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BARRY LEON	350 5TH AVENUE #7710	NEW YORK, NY 10118

REINSTATEMENT 2006-2007

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 608.408, 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: _____ Date: 11/8/07 Daytime Phone #: 212 465 9100

Typed or printed name of signing Managing Member/Manager: Barry Leon

CR2E041 (1/07)