

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																																	
DOCUMENT # L05000015938 1. Limited Liability Company's Name LA MARY, LLC																																			
2. Principal Office Address - No P.O. Box # PRIME TOWER, 9TH FLOOR HARDETSASSE #201 Suite, Apt. #, etc.		3. Mailing Office Address PRIME TOWER P.O. BOX 20 Suite, Apt. #, etc.																																	
City & State ZURICH		City & State ZURICH																																	
Zip CH-8005	Country SWITZERLAND	Zip CH-8010	Country SWITZERLAND																																
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida FEBRUARY 16, 2005																																	
6. FEI Number		☐ Applied For ☒ Not Applicable																																	
7. CERTIFICATE OF STATUS DESIRED ☐		\$500 Statutory fee required for a Certificate of Status																																	
8. Name and Address of Current Registered Agent Name NRI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. City PLANTATION State FL Zip Code 33324																																			
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 <u>Nicole Chaurand</u> Date <u>11/4/2016</u> REGISTERED AGENT MUST SIGN																																			
10. Names and Street Addresses of Authorized Representatives/Managers <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Authorized Representative/Manager</th> <th>Street Address of Each Authorized Representative/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>TRITRUST (SWITZERLAND) LIMITED</td> <td>CHITRUST (Switzerland) Limited Prime Tower P.O. Box 20 CH-8010 Zurich Switzerland</td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip		TRITRUST (SWITZERLAND) LIMITED	CHITRUST (Switzerland) Limited Prime Tower P.O. Box 20 CH-8010 Zurich Switzerland																									
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11. E-mail Address: <u>gws.ch-asu@city.com</u> (To be used for future annual report notifications)																																			
12. I certify that I am an authorized representative/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 terminated, the limited liability company name satisfies the requirements of section 606.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated in 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 to the Department of State constitutes a third degree felony as provided in s. 817.164, F.S. Signature of Authorized Representative/Manager <u>POA AND ON BEHALF OF LA MARY LLC</u> Date <u>11-04-2016</u> Daytime Phone # <u>+4158-7507752</u> Typed or printed name of signing Authorized Representative/Manager Authorized Officer _____ Authorized Officer _____																																			

CRZE041 (1/1/14)

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