

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 AUG -8 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07162007 REIN-LLC CR2E101 (1/07)

4. FEI Number **26-0539516** Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUYSMAN, MICHEL
2000 SOUTH DIXIE HIGHWAY, SUITE 100-M
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME HUYSMAN, MICHEL
STREET ADDRESS 2000 SOUTH DIXIE HIGHWAY, SUITE 100-M
CITY-ST-ZIP MIAMI, FL 33133

TITLE MGR ☐ Delete
NAME OLIVERO, STEPHANE
STREET ADDRESS 14 RUE GORDE
CITY-ST-ZIP 13010 MARSEILLE FRANCE,

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400108374964
CITY-ST-ZIP 08/21/07--01026--006 **205.00

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-24-07 305 854 3535
Date Daytime Phone #