2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED DOCUMENT # L05000063402 DELÓUVIER-DAVIS GROUP, LLC 07 NOV 14 PM 2: 21 SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 770 CLAUGHTON ISLAND DRIVE 770 CLAUGHTON ISLAND DRIVE **APARTMENT 1716 APARTMENT 1716** MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11042007 REIN-LLC CR2E101 (1/07) City & State Applied For City & State 4. FEI Number 20-3224597 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUCHET, RUTH 4030 GUILDFORD B Street Address (P.O. Box Number is Not Acceptable) 5030 GUILDFORD B BOCA RATON, FL 33434 RATON 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 eignature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM | Change | C | SOC112079848 | 11/0707-01033-017 **150.00 TITLE □ Defete TITLE DE LOUVIER-DAVIS, NICOLAS NAME NAME STREET ADDRESS 770 CLAUGHTON ISLAND DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY - ST - ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEVY, ALEXANDRE NAME 770 CLAUGHTON ISLAND DRIVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 CITY-ST-77P CITY-ST-ZIP MGR TITLE ☐ Change ☐ Delete TITEF ☐ Addition DE LOUVIER-DAVIS, HENRI NAME NAME STREET ADDRESS 770 CLAUGHTON ISLAND DRIVE STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE **MGRM** ☐ Delete ☐ Addition REINSTATEMENT DE LOUVIER-DAVIS, FRANK NAME NAME 770 CLAUGHTON ISLAND DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE