

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 MAR 29 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400173442314
03/29/10--01064--001 **5.00

400173442314
03/29/10--01064--002 **416.25
CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO5000063474**

1. Limited Liability Company's Name

Le Jeune And Six LLC

2. Principal Office Address - No P.O. Box #

564 SW 42 Ave

Suite, Apt. #, etc.

2nd Floor

City & State

Miami FL

Zip

33134

Country

USA Dade

3. Mailing Office Address

← Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

06/27, 2005

6. FEI Number

203055405

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

Claudio L. Miro

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

564 SW 42 Ave

Suite, Apt. #, Etc.

2nd Floor

City

Miami

State

FL

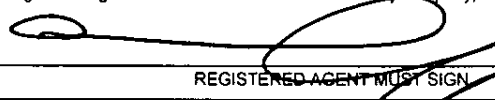
Zip Code

33134

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 **03/24/10**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

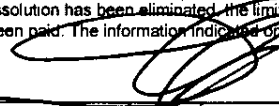
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Victoria Miro	564 SW 42 Ave	Miami FL 33134
MGRM	Claudio Miro	564 SW 42 Ave	Miami FL 33134
REINSTATEMENT 08-10			

11. E-mail Address:

(To be used for future annual report notifications)

12. 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 608.406, 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 **03/24/10**

Daytime Phone # **(305) 442-7444**

Typed or printed name of signing Managing Member/Manager

Claudio L. Miro

C-L