

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L06000014169

1. Limited Liability Company's Name

**PH 4104, LLC**

200112451132  
11/20/07--01014--007 \*\*150.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <b>100 N. Biscayne Blvd</b>		3. Mailing Office Address <b>100 N. Biscayne Blvd</b>	
Suite, Apt. #, etc. <b>Suite 500</b>		Suite, Apt. #, etc. <b>Suite 500</b>	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33132</b>	Country	Zip <b>33132</b>	Country

4. State/Country of Formation <b>Florida</b>	
5. Date Organized or Qualified To Do Business in Florida <b>02/08/2006</b>	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name <b>Jade Associates</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>100 N. Biscayne Boulevard</b>	
Suite, Apt. #, Etc. <b>Suite 500</b>	
City <b>Miami</b>	State <b>FL</b> Zip Code <b>33132</b>

☐ 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

REGISTERED AGENT MUST SIGN

Date **11/14/07**

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	Bibas, Karine	100 N. Biscayne Blvd, Suite 500	Miami, FL 33132
MGRM	Bibas, Georges	100 N. Biscayne Blvd, Suite 500	Miami, FL 33132
MGRM	C.L.V. Societe Par Actions Simplifiees	8, rue Maryse Hastle	Lyon, 69008-France

**REINSTATEMENT 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 608.406, 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 **11/15/07**

Daytime Phone # **954 523 5151**

Typed or printed name of signing Managing Member/Manager