
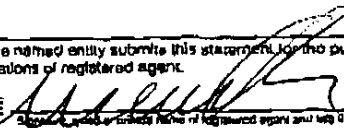
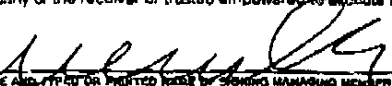


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 DEC 18 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000063803			
1. Entity Name PHILIPPE MIAMI LLC		Mailing Address 2301 COLLINS AVE MIAMI BEACH, FL 33139	
2. Principal Place of Business - No P.O. Box # 2301 COLLINS AVE MIAMI BEACH, FL 33139		3. Mailing Address 33 East 60th Street Succ. Apt. 7, etc.	
Sure, Apt. #, etc.		Succ. Apt. #, etc.	
City & State		City & State New York, NY	
Zip		Zip 10022	
Country		Country New York	
4. FEI Number 20-5087343		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		11092007 REIN-LLC CR2E101 (1/07)	
6. Name and Address of Current Registered Agent REDA, MICHAEL 2301 COLLINS AVE MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 		DATE 11/06/07	
SIGNATURE OF CURRENT REGISTERED AGENT AND FEI (if applicable)		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW! FEE IS \$150.00 After January 1, 2009, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Member MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDA, MICHAEL	NAME	
STREET ADDRESS	1418 COURT N DRIVE	STREET ADDRESS	601 West 57th St Apt 39H
CITY-ST-ZIP	MELVILLE, NY 11747	CITY-ST-ZIP	New York, NY 10019
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
REINSTATEMENT			
2007		800112126538 11/08/07-01040-023 **150.00	
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: 		DATE: 11/6/07	
SIGNATURE AND TITLE OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	