FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -6 PM 2:09

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000111423

1. Limited Liability Company's Name
Setai 3804, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
101 20 Street		101 20 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Unit 3804		Unit 3804	
City & State		City & State	
Miami Beach, Florida		Miami Beach, Florida	
Zip	Country	Zip	Country
33139	USA	33139	USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida 11/17/2006

6. FEI Number
113795237
☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name
Isaac Benmergui

Street Address (P.O. Box Number is Not Acceptable)
1045 Kane Concourse

Suite, Apt. #, Etc.
Suite 209

City	State	Zip Code
Bay Harbor Islands	FL	33154

☒ 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 9/22/08
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	Azziz Driouch	23 Rue D'Alesia,	Paris France 75014
MGRM	Jamel Debbouze	12 Rue De Babylone	Paris France 75007
	REINSTATEMENT 07-08		

100136655031
10/06/08--01013--022 **277.50

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 24/09 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____