

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

LOT-13490

Michele Pommier Talent Group, llc

FILED
09 JAN 13 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500139314365
12/29/08--01033--006 **100.00

12/29/08--01033--005 **55.00

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

927 LINCOLN Road

3. Mailing Office Address

927 LINCOLN Road

Suite, Apt. #, etc.

Suite# 200

Suite, Apt. #, etc.

Suite# 200

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

Zip

33139

Country

United States

Zip

33139

Country

United States

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 02/05/2007

6. FEI Number

141989954

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

n/a

Christopher Hutchinson

Street Add

n/a

2525 Ponce De Leon Blvd

Suite, Apt.

n/a

Coral Gables, Florida

FL 33134

City

n/a

FL n/a

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/27/08

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 | Michele Pommier | 221 CLEMATIS Street | West Palm Beach, Florida 33401 |
| REINSTATEMENT 2008 for failure to have registered Agent up 1/15/09 | | | |

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

[Signature]

Date 12/19/2008

Daytime Phone # (561) 655-1787

Typed or printed name of signing Managing Member/Manager Michele Pommier