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
10 MAR 19 PM 12:59

REINSTATEMENT 2008-10 [illegible]

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CR2E041 (11/09)

DOCUMENT # L07000034887

1. Limited Liability Company's Name

217 MARSEILLE, LLC

2. Principal Office Address - No P O. Box #	3. Mailing Office Address
c/o Appleton	c/o Patrick QUENNEC
Suite, Apt. #, etc 186 HAMMERSMITH Rd.	Suite, Apt. #, etc. 44 Winston Circle
City & State LONDON	City & State POINTE CLAIRE
Zip / Country W67DJ / UK	Zip / Country H9S 4X6 / Canada

4. State/Country of Formation —

5. Date Organized or Qualified To Do Business in Florida —

6. FEI Number — ☐ 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: Raymond J. BOWIE, Esq., Chartered
Street Address (P.O. Box Number is Not Acceptable): 900 Sixth Ave South
Suite, Apt. #, Etc.: # 104
City: NAPLES — State: FL — Zip Code: 34102

☐ 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] Date 3/4/10
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
MGR	Patrick QUENNEC	217 MARSEILLE Dr.	NAPLES FL 34112
MGR	Jacqueline QUENNEC	217 MARSEILLE Dr.	NAPLES FL 34112
MGR	Raymond J. BOWIE	900 Sixth Ave. South # 104	NAPLES FL 34102

11. E-mail Address: pjque@cooptel.qc.ca (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 [signature] Date MARCH 4/2010 Daytime Phone # 239-774-2276

Typed or printed name of signing Managing Member/Manager P. QUENNEC