

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
09 NOV 15 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L08000046281**

1. Limited Liability Company's Name

MARCOBEL, LLC

400162766574
11/12/09--01039--016 **138.75

CR2E041 (10/09)

2. Principal Office Address - No P.O. Box # 1710 ALTON ROAD		3. Mailing Office Address 1710 ALTON ROAD		4. State/Country of Formation FL	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Date Organized or Qualified To Do Business in Florida 05/07/08	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL		6. FEI Number 26-2578417	
Zip 33139	Country USA	Zip 33139	Country USA	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$5.00 Additional Fee required for a Certificate of Status	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

8. Name and Address of Current Registered Agent

Name **MARC BELLAICHE**

Street Address (P.O. Box Number is Not Acceptable)
1710 ALTON ROAD

Suite, Apt. #, Etc.

City **MIAMI BEACH** State **FL** Zip Code **33139**

☒ 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 fee 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 **11/9/09**

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
MEM	MARC BELLAICHE	1710 ALTON ROAD	MIAMI BEACH, FL 33139
M	FINORDEV	5, RUE DE LOGELBACH	75017 PARIS

NOV 16 2009

REINSTATEMENT

EXAMINER

2009

11. E-mail Address: **MARLOTHEBAKERSOUTHBEACH@GMAIL.COM**

(To be used for future annual report notifications)

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided 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 **11/6/09** Daytime Phone # **3055351197**

Typed or printed name of signing Managing Member/Manager