

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 OCT -5 AM 10:18

DOCUMENT # LO9000122946

1. Limited Liability Company's Name

FRENCH FOOD COLLECTION LLC

100186257221  
10/04/10--01057--009 \*\*238.75

CR2E041 (05/10)

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

5820 SW 91 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

5820 SW 91 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

33173

Country

USA

Zip

33173

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

DEC 29, 2009

6. FEI Number

27-1581584

☒ 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

BACHELIER PATRICK

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

5820 SW 91 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

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

REGISTERED AGENT MUST SIGN

Date 9/30/2010

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	BACHELIER PATRICK	5820 SW 91 AVENUE	MIAMI, FLA 33173

11. E-mail Address: FRENCHMACARONS@901.com

(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

Date 9/30/2010

Daytime Phone # 305-781-9697

Typed or printed name of signing Managing Member/Manager