


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2011-2014		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 14 JUL 30 AM 8:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 1. Limited Liability Company's Name <div style="text-align: center; font-size: 1.2em;"> L10000009006 KERMONT, LLC. WI4-42448 </div>					
2. Principal Office Address - No P.O. Box # 927 LINCOLN ROAD Suite, Apt. #, etc. SUITE 200 City & State MIAMI BEACH, FL Zip Country 33139 U.S.A.		3. Mailing Office Address 927 LINCOLN ROAD Suite, Apt. #, etc. SUITE 200 City & State MIAMI BEACH, FL Zip Country 33139 U.S.A.		4. State/Country of Formation FL, U.S.A. 5. Date Organized or Qualified To Do Business in Florida 1/25/2010. 6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name MICHELE MONTALAND. Street Address (P.O. Box Number is Not Acceptable) 5855 NORTH BAY ROAD Suite, Apt. #, Etc. City State Zip Code MIAMI BEACH FL 33132				500262124775 07/09/14--01024--006 **516.25 500262124775 07/29/14--01012--011 **138.75	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent _____ Date <u>7/3/2014</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip		
MGRM	MICHELE MONTALAND	5855 NORTH BAY ROAD	MIAMI BEACH, FL, 33139		
MGRM	YVES MONTALAND	5855 NORTH BAY ROAD	MIAMI BEACH, FL, 33139		
MGRM	ANNE PECHEKERIAN	5855 NORTH BAY ROAD.	MIAMI BEACH, FL, 33139		
11. E-mail Address: <u>montalandmichele@yahoo.com</u> <small>(To be used for future annual report notifications)</small>					
12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager <u>Michele Montaland</u> Date <u>7/3/2014</u> Daytime Phone # <u>305 401 0807</u> Typed or printed name of signing Authorized Representative/Manager <u>MICHELE MONTALAND</u>					