L10000011889

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 24 AM 10: 29

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000011889

1. Limited Liability Company's Name

Alter System Management, LLC

800212622425
10/25/11--01001--026 **238.75

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
901 BRICKELL KEY BVD	901 BRICKELL KEY BVD
Suite, Apt. #, etc.: 1706	Suite, Apt. #, etc.: 1706
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 02/02/2010

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: DEREY, DESIRE

Street Address (P.O. Box Number is Not Acceptable): 901 BRICKELL KEY BVD

Suite, Apt. #, Etc.: SUITE 1706

City: MIAMI State: FL Zip Code: 33131

E-mail Address: asm@orange.fr
(To be used for future annual report notices)

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 10/24/11
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
MGRM	*SARL ALTER SYSTEM MANAGEMENT*	553 RUE SAINT PIERRE	MARSEILLE FR 13012 FR
MGR	DEREY, JOELLE	901 BRICKELL KEY BVD #1706	MIAMI FL 33131
		REINSTATEMENT	2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 10/24/11 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager