

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **L12000127405**

1. Limited Liability Company's Name

Sabal Palm International LLC

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

Todistrasse 63

Suite, Apt. #, etc.

City &amp; State

8002 Zurich

Zip

Country

Switzerland

3. Mailing Office Address

Todistrasse 63

Suite, Apt. #, etc.

City &amp; State

8002 Zurich

Zip

Country

Switzerland

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10/5/12

6. FEI Number

Applied For

☒ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

E-mail Address:

500253299185  
10/28/13--01049--002 \*\*238.75

mua@fiwemail.com

(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 AgentAmanda Winnington  
Assistant Vice President

Date

10/8/13

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	Q TRUSTEES GMBH	Todistrasse 63	8002 Zurich, Switzerland
MGR	EDEN HILLS CONSULTING INC	c/o Grant, Hermann, Schwartz & Klinger, 675 Third Ave., - 26th Floor	New York, NY 10017

REINSTATEMENT

S. HAWKES

OCT 29 2013

EXAMINER

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 10/11/2013

Residence Phone # +41 44 206 62 11

Typed or printed name of signing Managing Member/Manager

EDEN HILLS CONSULTING INC.