

Pg. 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

18 OCT 19 AM 9:29

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

10031986891

CR2EQ41 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

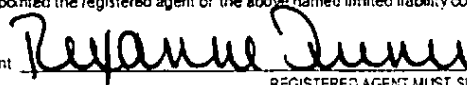
DOCUMENT # L13000059863

1. Limited Liability Company's Name
Laduree Miami LLC

2. Principal Office Address - No P.O. Box # 3060 M Street NW Suite, Apt. #, etc.		3. Mailing Office Address 3060 M Street NW Suite, Apt. #, etc.	
City & State Washington, DC		City & State Washington, DC	
Zip 20007	Country USA	Zip 20007	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida April 23, 2013	
6. FEI Number 46-2937294	☐ 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 Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) Suite 1201 Hays Street			
Apt. #, Etc.			
City Tallahassee	State FL	Zip Code 32301	

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 	Roxanne Turner Asst. Vice President	Date 10/19/18	
REGISTERED AGENT MUST SIGN			

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
Mgr	Pierre-Antoine Raberin	3060 M Street NW	Washington, DC 20007
AR	Anne Dedet-Dutray	3060 M Street NW	Washington, DC 20007

11. E-mail Address adedet-dutray@holder-us.com	(To be used for future annual report notifications)
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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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.		
Signature of authorized representative/member 	Date 10/18/2018	Daytime Phone # 571-277-0569
Typed or printed name of signing authorized representative/member Anne Dedet-Dutray		

MOORE
2018

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 451363 4354503

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 288.75

ORDER DATE : October 19, 2018

ORDER TIME : 1:19 PM

ORDER NO. : 451363-005

CUSTOMER NO: 4354503

DOMESTIC FILINGS

NAME: LADUREE MIAMI LLC

RECEIVED
DEPARTMENT OF STATE
18 OCT 19 PM 4: 08

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐	CERTIFIED COPY
☒	PLAIN STAMPED COPY
☐	CERTIFICATE OF GOOD STANDING

CONTACT PERSON:

EXAMINER'S INITIALS _____