PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

18 OCT 19 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100319966391

CR2E041 (1/14)

DOCUMENT # L13000059863

1. Limited Liability Company's Name
Laduree Miami LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3060 M Street NW	3060 M Street NW
Suite, Apt. #, etc	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 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)

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

OCT 22 2018

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

ACCOUNT NO. : I20000000195

REFERENCE : 451363 4354503

AUTHORIZATION :

COST LIMIT : $ 208.75

ORDER DATE : October 19, 2018

ORDER TIME : 1:19 PM

ORDER NO. : 451363-005

CUSTOMER NO: 4354503

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18 OCT 19 PM 4:

RECEIVED
FLORIDA DEPARTMENT OF STATE

DOMESTIC FILINGS

NAME: LADUREE MIAMI LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- [ ] CERTIFIED COPY
- [x] PLAIN STAMPED COPY
- [ ] CERTIFICATE OF GOOD STANDING

CONTACT PERSON:

EXAMINER'S INITIALS _____