PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 MAR 13 PM 2:27

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DOCUMENT # L14000081524

1. Limited Liability Company's Name
HERMITAGE REAL ESTATE LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1677 South Hermitage Rd	2550 N.W. 114th Avenue
Suite Apt. # etc.	Suite Apt. # etc.
	UNIT 1 P
City & State	City & State
Fort Myers, Florida	MIAMI,FL 36
Zip / Country	Zip / Country
33919 / USA	33172 / USA

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 05/30/2014

6. FEI Number
30-0839801
☐ 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
JAN MARIE DOUGHTY,CPA LLC

Street Address (P.O. Box Number is Not Acceptable) Suite
3000 North Atlantic Avenue, Suite 208

Apt. # Etc

City: Cocoa Beach | State: FL | Zip Code: 32931

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 2/21/2018
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	Dimitri Briegel	LT4244,SUBIENDO LA LOMA CORTEZ	CACIQUE, COLON, PANAMA
MGR	Claudia Thon	1 Chemin gue de Mas de Magret	34430 St Jean de Vedas,France

11. E-mail Address claudiaathon@gmail.com; dimitri.briegel@gmail.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 02/13/2018 Daytime Phone # _____

Typed or printed name of signing authorized representative/member DIMITRI BRIEGEL

K. ASHTON