

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 DEC 31 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 14 000 135678

1. Limited Liability Company's Name

EVASION OCEAN LLC

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

999 BRICKELL AVE.

Suite, Apt. #, etc.

500

City & State

MIAMI FLORIDA

Zip

33131

Country

USA

3. Mailing Office Address

999 BRICKELL AVE

Suite, Apt. #, etc.

500

City & State

MIAMI FLORIDA

Zip

33131

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

8/29/14

6. FEI Number

47-3027584

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

FLOCAL INVESTMENT GROUP CORP

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

999 BRICKELL AVE

Apt. #, Etc.

500

City

MIAMI

State

FL

Zip Code

33131

700280519397
12/31/15--01012--026 **238.75

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

[Signature] DELMA KOESSLER

Date

12/28/15

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
<u>MGR</u>	<u>LAURENT MERCIER</u>	<u>71 RUE DE BOISSY ST. LEGER</u>	<u>Quincy sous Senart FRANCE 91480</u>
<u>MGR</u>	<u>LOUISE MERCIER</u>	<u>71 RUE DE BOISSY ST. LEGER</u>	<u>Quincy sous Senart FRANCE 91480</u>
		<u>REINSTATEMENT</u>	
		<u>DEC 31 2015</u>	
		<u>R. HUNT</u>	

11. E-mail Address:

dk@flocalinvest.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

[Signature]

Date

12/28/15

Daytime Phone #

305-542-2739

Typed or printed name of signing authorized representative/member

DELMA KOESSLER