L95000000415

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JAN 22 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000415

1. Limited Liability Company's Name

Auberge, a Limited Company

1/22

2001-2002

MJM

2. Principal Office Address	3. Mailing Office Address
1725 Taylor Street #522	3535 magellan circle #522
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#522	522
City & State: Hollywood, FL	City & State: Aventura, FL
Zip: 33020 Country: USA	Zip: 33180 Country: USA

4. State/Country of Formation: FL, USA

5. Date Organized or Qualified To Do Business in Florida: 8/95

6. FEI Number: 65-0607668 ☐ 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

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-01/29/02--01031--003
****200.00 ****200.00

Name: Amy S. Metzger

Street Address (P.O. Box Number is Not Acceptable): 3535 Magellan Circle #522

Suite, Apt. #, Etc.: 522

City: Aventura | State: FL | Zip Code: 33180

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 Agent: Amy S. Metzger Date:

REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

REINSTATEMENT 2001-2002

Titles	Name of Managing Members/Managers	Street Address of Managing Members/Managers	City-State-Zip Code
Pres.	Arthur Metzger	12830 Oak Knoll Dr.	palm beach gardens FL
VP	Amy Metzger	3535 Magellan circle	Aventura, FL 33180
mem	Gary metzger	32 weston st.	Huntington NY 11743
mem	Marilyn Melton	1612 Sandcroft Pl.	Thousand Oaks CA. 91361
mem	Carol Melton	338 Desoto Pl.	Hollywood FL 33019
mem	Leslie Metzger	224 Lynch Lane	Smithtown, NY 11787
mem	Jean Ruben	20 Hill Manor Lane	Smithtown, NY 11787

11. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. Further, I 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.

Signature of Managing Member/Manager: Amy S. Metzger Date: 12/10/2001 Daytime Phone #: 954-923-2850

Typed or printed name of signing Managing Member/Manager: Amy S. Metzger