


L9600000053

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY

 FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 28 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L 9600000053**

LES HALLES MIAMI, L.C.
2415 Ponce de Leon Blvd
Coral Gables, Florida 33134

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

2415 Ponce de Leon Blvd.
Coral Gables, Florida 33134

2. Principal Place of Business 2415 Ponce de Leon Blvd.		2a. Mailing Address		3. Date Organized or Qualified January 16, 1996	3a. State of Formation FLORIDA
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0638007	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State Coral Gables		City & State		5. Date of Last Report Sept. 19, 1997	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
Zip 33134	Country USA	Zip	Country		

7. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

8. Name and Address of New Registered Agent

Name
MICHAEL SCHIFFRIN
Street Address (P.O. Box Number is Not Acceptable)
ONE Southeast third avenue
Suite, Apt. #, etc.
Suite 1450 SunTrust Int'l Center
City
MIAMI FL Zip Code
33131

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

Date 12-17-98

REGISTERED AGENT MUST SIGN

10. Title	Managing Member/Managers	Business Street Address	City, State & Zip Code
MGRM	Philippe LAJANIE	114 EAST 25 th STREET	New York, N.Y. 10010
MGRM	JOSE MEIRELLES	114 EAST 25 th STREET	New York, N.Y. 10010

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REINSTATEMENT 98
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 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

Date 12/17/98

Daytime Phone # 212-253-6933

Typed or printed name of signing Managing Member/Manager