PLEASE REA[illegible] ALL [illegible]

L96000000053

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
99 NOV 24 PM 12:10
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L96000000053

1. Limited Liability Company's Name

Les Halles Miami, L.C.
2415 Ponce de Leon Boulevard
Coral Gables, Florida 33134

2. Principal Office Address	3. Mailing Office Address
2415 Ponce de Leon Boulevard	2415 Ponce de Leon Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, Florida	City & State: Coral Gables, Florida
Zip: 33134 Country: U.S.A.	Zip: 33134 Country: U.S.A.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/16/96

6. FEI Number: 65-063800[illegible] Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED [redacted]

8. Name and Address of Current Registered Agent

Name: Michael Schiffrin, Esquire

900003060849--2
-12/06/99--01001--019
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): One Southeast Third Avenue

Suite, Apt. #, Etc.: Suite 1450 - SunTrust International Center

City: Miami State: 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: [signature] Date: 11/16/99

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Philippe LaJaunie	114 East 25th Street	New York, N.Y. 10010
MGRM	Jose Meirelles	114 East 25th Street	New York, N.Y. 10010

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 608.508, 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: [signature] Philippe LaJaunie Date: 11/19 Daytime Phone #: (212) 253-6933

FAL