PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

LIMITED LIABILITY COMPANY REINSTATEMENT

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

02 MAY 20 AM 9: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000363

REINSTATEMENT 2001-2002

1. Limited Liability Company's Name

ST Tropez L.C.

2. Principal Office Address

6001 NW 153 Street

Suite, Apt. #, etc.

110

City & State

Miami Lakes, FL

Zip 33014   Country USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip   Country

4. State/Country of Formation   USA

5. Date Organized or Qualified To Do Business in Florida   3/29/1996

6. FEI Number   650463174 | 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   Richard Waserstein ESg.

Street Address (P.O. Box Number is Not Acceptable)
913 Normandy Dr.

Suite, Apt. #, Etc.

City   Miami Beach | State FL | Zip Code 33141

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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 4/24/02

REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Teresa Marques	6001 NW 153 St #110	Miami Lakes, FL 33014

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 4/24/02   Daytime Phone # 305 8278373

Typed or printed name of signing Managing Member/Manager   Teresa Marques