

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L97000000738

FILED  
Sep 28, 2006  
Secretary of State

Entity Name: FRENCH KISS, L.C.

**Current Principal Place of Business:**

17275 COLLIN'S AVE  
303  
NO MIAMI, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MOYAL ACCOUNTING SERVICES, INC  
208 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 65-0806534      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MOYAL, PATRICK  
208 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PATRICK MOYAL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MAZOUZ, RONI  
Address: 17275 COLLINS AVE  
City-St-Zip: NO MIAMI, FL 33160

Title: MGR      (X) Delete  
Name: HATTAB, JACOB ERIC  
Address: 17275 COLLINS AVE  
City-St-Zip: NO MIAMI, FL 33160

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RONI MAZOUZ

MGRM

09/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date