


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 19 PM 11:02

DOCUMENT # 299/2760
 1. Limited Liability Company's Name
French Heritage Antiques, LLC

2. Principal Office Address
112 N County Rd
 Suite, Apt. #, etc.

3. Mailing Office Address
Same
 Suite, Apt. #, etc.

City & State
Palm Beach, FL

Zip Country
33480 Palm Beach

4. State/Country of Formation
Florida / Palm Beach

5. Date Organized or Qualified To Do Business in Florida
9/29/2000

6. FEI Number
59-2521051

7. CERTIFICATE OF STATUS DESIRED **\$300 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name
Najia Asselineau

Street Address (P.O. Box Number is Not Acceptable)
112 N County Rd

Suite, Apt. #, Etc.

City
Palm Beach

State Zip Code
FL 33480

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 Najia Asselineau Date 10/16/00
 REGISTERED AGENT MUST SIGN

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
<u>Mgr</u>	<u>Najia Asselineau</u>	<u>112 N County Rd</u>	<u>Palm Beach, FL 33480</u>

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 Najia Asselineau Date 10/16/00 Daytime Phone # (561) 655 5188
all 818 8784

Typed or printed name of signing Managing Member/Manager

CP2E041 (9/99)