

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

02 MAR 13 PM 2:11

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **L99000002760**

1. Limited Liability Company's Name

**FRENCH HERITAGE ANTIQUES**

2. Principal Office Address

**112, N COUNTY RD**

Suite, Apt. #, etc.

City & State

**Palm Beach, FL**

Zip

**33480**

Country

**USA**

3. Mailing Office Address

**112, N COUNTY RD**

Suite, Apt. #, etc.

City & State

**Palm Beach, Florida**

Zip

**33480**

Country

**USA**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida

**MAY 12, 1999**

6. FEI Number

**NA**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

**\$500 Additional Fee required for a Certificate of Status**

**NAJIA ASSELINEAU** 8. Name and Address of Current Registered Agent

Name

**112, N COUNTY RD**

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

**Palm Beach**

Suite, Apt. #, Etc.

City

**FLORIDA**

**100005171591-9**

**-03/27/02--01038--022**

**\*\*\*\*200.00 \*\*\*\*200.00**

State

**FL**

Zip Code

**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

REGISTERED AGENT MUST SIGN

Date **01/23/2002**

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
<b>OWNERS</b>	<b>FRENCH HERITAGE ANTIQUES NAJIA ASSELINEAU</b>	<b>112, N COUNTY RD Palm Beach</b>	<b>Palm Beach FL 33480</b>

**REINSTATEMENT 01-02 dec**

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 **01/23/2002** Daytime Phone # **(561) 8188784**

Typed or printed name of signing Managing Member/Manager

CR2EM1 (9/01)