

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

DOCUMENT # L99000006098

01 OCT 22 PM 12:17

1. Limited Liability Company's Name

Le Paris-Provence, L.C.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 200

2. Principal Office Address

530 Lincoln Rd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Zip

Country

33139

Dade

Zip

Country

4. State/Country of Formation

FLORIDA Dade

5. Date Organized or Qualified  
To Do Business in Florida

09/24/99

6. FEI Number

65-0951679

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

BRITO & BRITO

800004658418-3

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

407 Lincoln Rd

-10730/01--01002--080

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

5-B

City

Miami Beach FL

State

FL

Zip Code

33139

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

10/17/01

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

MGRM BRIAND Raphael

MGRM GALETTO Bruno

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

*[Signature]*

Date

10/17/01

Daytime Phone

(305) 534-9292

Typed or printed name of signing Managing Member/Manager

Briand Raphael