

L99000006098

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 27 AM 18:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006098

1. Limited Liability Company's Name

LE PARIS-PROVENCE, LLC

2. Principal Office Address

530 Lincoln Rd

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami Beach,

City & State

FLORIDA

Zip

33139

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida

9-24-99

6. FEI Number

650951679

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

BRITO + BRITO

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

402 LINCOLN RD

300019870123

05/27/03--01026--005 **200.00

Suite, Apt. #, Etc.

500

City

Miami Beach

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

JBR

REGISTERED AGENT MUST SIGN

Date

5/23/03

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
Mgm	Raphael Briand	LA VILLE JOYE 44500	LA Baule france
Mgm	Bruno Galeto	74 Ave Des Grands Bois	44800 st Herblain france

REINSTATEMENT 02-03
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

Raphael Briand

Date

5/23/03

Daytime Phone #

305 673 1139

Typed or printed name of signing Managing Member/Manager

Raphael BRIAND

CR2E041 (1/0/02)