12/03/2000 23:27 1-305-[illegible]9718 M KALKAS, BK EXPRESS

Division of Corporations

L99000008322

Florida Department of State

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Account Number : I19980000015
Phone : (305)577-9716
Fax Number : (305)577-9718

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LIMITED LIABILITY REINSTATEMENT

E.I.I. REALTY LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$150.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

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1. Limited Liability Company's Name

E.I.I. REALTY LLC.

2. Principal Office Address	3. Mailing Office Address
6595 NW 36 Street	6595 NW 36 Street
Suite, Apt. #, etc. Suite 113	Suite, Apt. #, etc. Suite 113
City & State Miami, FL	City & State Miami, FL
Zip 33166 Country	Zip 33166 Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12.01.99

6. FEI Number: 65-0966425 ☐ 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: Martti Kalkas

Street Address (P.O. Box Number is Not Acceptable): 245 SE 1st Street

Suite, Apt. #, Etc.: Suite 311

City: Miami State: FL Zip Code: 33131

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: Martti Kalkas Date: 11/1/00

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
MGR	Année Citron	2 Route D'Argeville	91720 Boigneville France
MGR	Beatrice Level	11, Quai Francois Mauriac	75013 Paris France
MGR	Arlette Coltat	3, Allee de la Tour	91760 Itteville France
MGR	Patricia Bouchenot	198, Rue de Vaugirard	75015 Paris France

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: A. Citron Date: 11/1/00 Daytime Phone # H00000063097

Typed or printed name of signing Managing Member/Manager: Annie Citron