

12/03/2000 23:27

1 305-577-9718

M KALKAS, BK EXPRESS

Division of Corporations

L990000008322

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000063097 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : KALKAS BUSINESS SERVICES

Account Number : I19980000015

Phone : (305) 577-9716

Fax Number : (305) 577-9718

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC -4 PM 2:05

AL

LIMITED LIABILITY REINSTATEMENT

E.L.I. REALTY LLC.

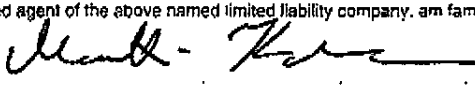
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$150.00

RECEIVED
00 DEC -4 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

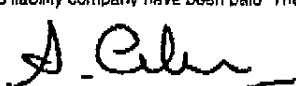
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		H00000063097	
DOCUMENT # L99000008322 1. Limited Liability Company's Name E.I.I. REALTY LLC.							
2. Principal Office Address 6595 NW 36 Street Suite, Apt. #, etc. Suite 113 City & State Miami, FL Zip 33166		3. Mailing Office Address 6595 NW 36 Street Suite, Apt. #, etc. Suite 113 City & State Miami, FL Zip 33166		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 	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	Annie Citron	2 Route D'Argeville	91720 Boigneville France
MGR	Beatrice Level	11, Quai Francois Mauriac	75013 Paris France
MGR	Arllette 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 	Date 11/1/00
Typed or printed name of signing Managing Member/Manager Annie Citron	