

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT
2016-2017**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 JAN -6 PM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M12000002196

1. Limited Liability Company's Name

ARTEAST, LLC

2. Principal Office Address - No P.O. Box #

55-57 rue Saint Roch

Suite, Apt. #, etc.

City & State

Paris

Zip

95001

Country

France

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

4/19/2012

6. FEI Number

20-3497192

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

Corporation Service Company

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

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

300294013763

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Melissa Zender
Asst. Vice President

Date 1/6/17

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Sole Ma	Thierry Gillier	55-57 rue Saint Roch	Paris, France 95001
Secretar	Philippe C.M. Manteau	Loeb & Loeb LLP, 345 Park Ave	New York, NY 10154
AssSec	Marie Landel	55-57 rue Saint Roch	Paris, France 95001

11. E-mail Address: pmanteau@loeb.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 1/5/2017

Daytime Phone #

212-407-4028

Typed or printed name of signing authorized representative/member

Philippe C.M. Manteau - Secretary

282

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 449050 4802976

AUTHORIZATION :

COST LIMIT :

Handwritten signature
\$3771.50

ORDER DATE : January 5, 2017

ORDER TIME : 9:39 AM

ORDER NO. : 449050-020

CUSTOMER NO: 4802976

REINSTATEMENT

NAME: ARTEAST LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF
17 JAN -6 AM 10:49