1 OF 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # M15000008493

1. Limited Liability Company's Name
NORTH BAY INN, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
755 rue Berri	Same
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.
City & State: Montreal, Quebec	City & State
Zip: H2y 3E5 Country: Canada	Zip Country

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 10/22/2015

6. FEI Number: 47-5314988 ☐ 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: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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
Manager & President	Elliott Aintabi	755 rue Berri Suite 200	Montreal, Quebec H2y 3E5
Vice President	Eric Aintabi	755 rue Berri Suite 200	Montreal, Quebec H2y 3E5
Secretary Treasurer	Judah Bendayan	755 rue Berri Suite 200	Montreal, Quebec H2y 3E5

11. E-mail Address: rgagne@jestais.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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date April 3 2017 Daytime Phone # 514-925-5100

Typed or printed name of signing Authorized Representative/Manager: Elliott Aintabi

K. ASHTON

2052

Florida Department of State

Division of Corporations

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NORTH BAY INN, LLC

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