Division of Corporations

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Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

RA2797.107011

CORPORATION REINSTATEMENT

LA VILLA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$90~~.00

$300.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 AUG 31 PM 3:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 08-09

DOCUMENT # P04000161301

1. Corporation Name
LA VILLA, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
201 CRANDON Blvd	C/o LHLM Group P. Cap
Suite, Apt #, etc.: TH 177	Suite, Apt #, etc.: 411 PARK AVE SOUTH
City & State: Key Biscayne, FL	City & State: NEW YORK NY
Zip: 33149 Country:	Zip: 10016 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 11/30/2004

5. FEI Number: 20-1940228 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CORPDIRECT AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable): 515 E. PARK AVENUE
Suite, Apt. #, Etc.:
City: TALLAHASSEE State: FL Zip Code: 32301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Katie Wonsch, Asst. Sec. Date: 8/31/09
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Philippe Lajaunie	411 Park ave South	New York, N.Y. 10016

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: P President 8/31/09
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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