PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 DEC 28 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P09000070226

1. Corporation Name
la Famille restaurant Inc

800189069508
12/28/10--01020--010 **258.75

800189069508
12/28/10--01020--009 **500.00

REINSTATEMENT ID

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8267 NE North Miami Ave	850 NW 4 avenue Apt 3
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami	City & State: Florida
Zip: 33136 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Veronique Dutervil

Street Address (P.O. Box Number is Not Acceptable): 850 NW 4 avenue

Suite, Apt. #, Etc.: apt 3

City: Miami | State: FL | Zip Code: 33136

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: Veronique Dutervil (REGISTERED AGENT MUST SIGN) Date: 12/22/10

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
p	veronique Dutervil	850 NW 4 avenue	miami, Florida 33136
VP	Wilson Dutervil	850 NW 4 Avenue	Miami, Florida 33136

10. E-mail Address: pvolmy@yahoo.com
(To be used for future annual report notification)

11. 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. I further certify 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: Veronique Dutervil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #