

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 13 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/09)

DOCUMENT # L07000004143
1. Limited Liability Company's Name
DESIGNZ, LLC

2. Principal Office Address - No P.O. Box #
4195 Tamiami Trail South
Suite, Apt. #, etc.
#160
City & State
Venice, Florida
Zip Country
34293 U.S.A.

3. Mailing Office Address
4195 Tamiami Trail South
Suite, Apt. #, etc.
#160
City & State
Venice, Florida
Zip Country
34293 U.S.A.

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
JAN. 2007

6. FEI Number 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
Yvette Archuleta

Street Address (P.O. Box Number is Not Acceptable)
4195 Tamiami Trail South

Suite, Apt. #, Etc.
#160

City State Zip Code
Venice, FL 34293

A \$100 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 \$100 reinstatement fee be waived.

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 Yvette Archuleta Date Nov. 6, 2009
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	Yvette Archuleta	4195 Tamiami Trail South #160	Venice, Florida 34293

800162645848
11/09/09--01063--004 **377.50

800162645848
11/09/09 01063 005 115.00

11. E-mail Address: YETTE@BIKEDESIGNZ.COM
(To be used for future annual report notifications)

REINSTATEMENT 2008-09

12. I certify that I am managing member/manager or the receiver or the trustee empowered to execute this application as provided 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 Yvette Archuleta Date 11/6/09 Daytime Phone # (941) 815-6862

Typed or Printed name of signing Managing Member/Manager YVETTE ARCHULETA

JB