ATTN Robin

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

2018 FEB -6 PM 2:05

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700308908527
02/06/18--01056--001 **138.75

DOCUMENT # L16000214832

1. Limited Liability Company's Name
Advanced Permanent Cosmetics by K & Vic

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6294 Leslie Street	6294 Leslie Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter, Florida	City & State: Jupiter, Florida
Zip: 33458 Country: US	Zip: 33458 Country: US

4. State/Country of Formation: Florida | US

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 81-4869853 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: Kady Vitiello

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 6294 Leslie Street

City: Jupiter, State: FL, Zip Code: 33458

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: Kady Vitiello Date: 02/01/2018
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
MGR/Me	Kady Vitiello	6294 Leslie Street	Jupiter, FL 33458

11. E-mail Address: Beautymarksbykv@gmail.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 605.0112, 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: Kady Vitiello Date: 02/01/2018 Daytime Phone #: (561) 531-3319

Typed or printed name of signing authorized representative/member: Kady Vitiello