

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 OCT 20 AM 8:59

DOCUMENT # **L 01000016499**

1. Limited Liability Company's Name

**FRESH SCENTS, LLC**

2. Principal Office Address

**28233 JENEVA WAY**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 366671**

Suite, Apt. #, etc.

City & State

**BONITA SPRINGS, FL**

City & State

**BONITA SPRINGS, FL**

Zip

**34135**

Country

**USA**

Zip

**34136**

Country

**USA**

4. State/Country of Formation

**FL/USA**

5. Date Organized or Qualified To Do Business in Florida

**9/24/2001**

6. FEI Number

**593747452**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for Certificate of Status

B. Name and Address of Current Registered Agent

Name

**DAVRAINVILLE, FAIZA**

Street Address (P.O. Box Number is Not Acceptable)

**28233 JENEVA WAY**

Suite, Apt. #, Etc.

City

**BONITA SPRINGS**

State

**FL**

Zip Code

**34135**

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

REGISTERED AGENT MUST SIGN

Date **11/15/2006**

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DAVRAINVILLE, FAIZA	JENEVA WAY 28233	BONITA SPRINGS, FL 34135

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11/28/06--01065--022 \*\*200.00

REINSTATEMENT 05-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for 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



Date **11/15/2006** Daytime Phone # **239 682 3112**

Typed or printed name of signing Managing Member/Manager

**DAVRAINVILLE, FAIZA**