


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



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

**FILED**

2008 JUN 12 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900130927899  
06/05/08--01048--010 \*\*832.50

CR2E041 (12/07)

**DOCUMENT # L02000004457**  
1. Limited Liability Company's Name  
**SASSY SCISSORS, LLC**

<b>2. Principal Office Address - No P.O. Box #</b> 6271 ST. AUGUSTINE ROAD		<b>3. Mailing Office Address</b> (SAME)	
Suite, Apt. #, etc. #13		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32217	Country USA	Zip	Country

<b>4. State/Country of Formation</b> FLORIDA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 2/25/2002	
<b>6. FEI Number</b> 75-3010590	Applied For Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name  
**SHARON S. CRUMRINE**

Street Address (P.O. Box Number is Not Acceptable)  
**2793 Ocean Oaks Dr. N.**

Suite, Apt. #, Etc.

City  
Fernandina Beach, FL

State  
**FL**

Zip Code  
32034-4826

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 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 *Sharon S. Crumrine* Date 06/01/2008

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
MMGR	SHARON S. CRUMRINE	2793 Ocean Oaks Dr. N.	Fernandina Beach, FL 32034

**REINSTATEMENT 03-08**

**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 *Sharon S. Crumrine* Date 06/01/2008 Daytime Phone # 904-733-8537

Typed or printed name of signing Managing Member/Manager SHARON S. CRUMRINE