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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. **DOCUMENT #** L02000006763

03 OCT 30 AM 8:00

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0004965 01 AT 0.292 **AUTO TO 0 0615 33029-322301



PERFUMERIA OF SAN ANTONIO LLC
1301 NW 193 AVENUE
PEMBROKE PINES FL 33029-3223



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/21/2002	
Principal Place of Business 849 E. COMMERCE SUITE 511 SAN ANTONIO TX 78205	3. New Principal Place of Business Address	6. FEI Number 04-3623838	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FRIEDMAN, RON A 1301 NW 193 AVENUE PENBROKE PINES FL 33029		Name Street Address (P.O. Box Number is Not Acceptable) 800024289618 10/30/03--01051--020 **150.00 City FL Zip Code	
10. 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		Date 10/27/03	
SIGNATURE REQUIRED		REGISTERED AGENT MUST SIGN	
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
man	RON A FRIEDMAN	1301 NW 193 AVE	Pembroke Pines, FL 33029

REINSTATEMENT 03
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12. 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

SIGNATURE REQUIRED

Date 10/27/03

Daytime Phone # 954.558.3394

Typed or printed name of signing Managing Member/Manager

CR20034 (7/03)