

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000016477

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY -7 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000016477

1. Limited Liability Company's Name

Intuition Beachwear
LLC 06

2. Principal Office Address - No P.O. Box #

2326 Swanson Av.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33133

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

6/28/2002

6. FEI Number

43-2033553

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

Jennifer Matthews

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

2326 Swanson Av.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

☐ 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

Jennifer W. Matthews

REGISTERED AGENT MUST SIGN

Date

5/6/08

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	Jennifer Matthews	2326 Swanson Av Miami, FL 33133	Miami, FL 33133

900129235549

05/14/08--01008--025 **516.25

REINSTATEMENT 2006-2008

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

Jennifer W. Matthews

Date

5/6/08

Daytime Phone #

305-724-3289

Typed or printed name of signing Managing Member/Manager

Jennifer Matthews