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 SECRETARY OF STATE DIVISION OF CORPORATIONS

03 NOV -7 PM 1: 18

1. DOCUMENT # L02000021472

Name and Mailing Address

0002274 01 AT 0.292 **AUTO TO 0 0615 32351-221204 Lattership the historia and a state of the s TK'S FINEST DESIGNER WEAR, LLC 1104 W. JEFFERSON ST. QUINCY FL 32351-2212



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2. Net! Mailing Address Same as above				State/Country of Formation FL			
City, State, Zip Same			5. Date Organized or Qualified To Do Business in Florida 08/21/2002				
Principal Place of Business 1104 W. JEFFERSON ST. QUINCY FL 32351	3. New Principal Place of Business Address City, State, Zip		6. FEI Number 00 00 530 9 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee require for a Certificate of Status			Not Applicable Additional Fee required	
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent				
DANIELS, LATOYA 4978 MATTYDALE DRIVE TALLAHASSEE FL 32311		Name Street Address (P.C. Box Number is Not Acceptable)					
		City			FL	Zip Code	
Signature of REGISTERED AGENT MUST SIGN Date							
11. Names and Street Addresses of Each Managing Member/Manager Name of Managing Street Address of Each Street Address of Each							
Title(s) Members/Managers	• • • • • • • • • • • • • • • • • • •	Managing Member/Manager		City / State / Zip			
Ves. LaToya Dan	siels 1104 h	on Str	Guin	Cy,Fi	l.3235/		
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12. I certify that I am managing member/manager of filing this reinstatement application the reason for all fees owed by the limited liability company has as if made under oath. Signature of Managing Member/Manage	or dissolution has been eliminated, the ve been paid. The information indicated the property of the property o	limited liability comp	pany name satistie is true and accura	is the requirements	s of section 60 ure shall have	J8.406, F.S., and that	