

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -8 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000048504

1. Limited Liability Company's Name

Platinum Braids LLC

CR2E041 (8/05)

2. Principal Office Address

8328 SW 27th St

Suite, Apt. #, etc.

3. Mailing Office Address

8328 SW 27th St

Suite, Apt. #, etc.

City & State

Miramar FL

City & State

Miramar FL

Zip

33025

Country

Broward

Zip

33025

Country

Broward

4. State/Country of Formation

FL Dade

**5. Date Organized or Qualified
To Do Business in Florida**

12/31/03

6. FEI Number

200431721

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

Dwight Francis

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

8328 SW 27th St

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33025

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**

Dwight Francis
REGISTERED AGENT MUST SIGN

Date

11/6/06

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	Dwight Francis	8328 SW 27th St	Miramar FL 33025

REINSTATEMENT

10/19/06 - 01030-003- #200.00

11-28
JMS

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 upon filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.405, 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**

Dwight Francis

Date

11/6/06

Daytime Phone #

954-868-3442

Typed or printed name of signing Managing Member/Manager

Dwight Francis