

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

06 DEC 14 AM 8:25

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000023965**

1. Limited Liability Company's Name

Perfect Skin & Body Care LLC

CR2E041 (8/05)

2. Principal Office Address

312 S. Washington Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

FL

Zip

34236

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-0960650

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

Nestor R. Duarte

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

5702 Oakton Ct.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34233

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

X Nestor R. Duarte

Date **12/10/06**

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
P	Miriam L. Duarte	5702 Oakton Ct	Sarasota, FL 34233
MGR	Nestor R. Duarte	5702 Oakton Ct.	Sarasota, FL 34233

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12/14/06 01022-015 **200.00

REINSTATEMENT

05-06

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

Miriam Duarte

Date **12/10/06**

Daytime Phone #

941 364-5746

Typed or printed name of signing Managing Member/Manager