

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
250.00

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000029635

1. Limited Liability Company's Name

SENSIBLY CHIC, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
13504 sw 58th ave

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33156

Country
USA

3. Mailing Office Address
13504 sw 58th ave

Suite, Apt. #, etc.

City & State
FLORIDA

Zip
33156

Country
USA

4. State/Country of Formation
FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida APRIL 19, 2004

6. FEI Number _____
☒ 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
Peggy A. Montero

Street Address (P.O. Box Number is Not Acceptable)
13504 sw 58th ave

Suite, Apt. #, Etc.

City
Miami, FL

State
FL

Zip Code
33156

☐ 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

REGISTERED AGENT MUST SIGN

Date 3-13-07

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
Manager	Peggy A. Montero	13504 SW 58 ave	Miami FL 33156
			800095790068 04/04/07--01026--020 **255.00

REINSTATEMENT 05-07

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

Date 3-13-07

Daytime Phone # 305-299-6808

Typed or printed name of signing Managing Member/Manager

PEGGY A. Montero