

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 22 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (05/10)

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1. Limited Liability Company's Name

Prestige Image LLC

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

1099 Winter h

Suite, Apt. #, etc.

3. Mailing Office Address

1099 Winter h.

Suite, Apt. #, etc.

City & State

Tallahassee, FL 32311

City & State

Tallahassee FL 32311

Zip

Country

32311

Zip

Country

32311

4. State/Country of Formation

United States

5. Date Organized or Qualified
To Do Business in Florida

05-24-2004

6. FEI Number

27-0091202

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

Vicor E. Lewis

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

1099 Winter h.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

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 06-22-2010

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
mgrm	Vicor E. Lewis	1099 Winter h.	Tallahassee, FL 32311

REINSTATEMENT-09-10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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 06-22-10

Daytime Phone #

850-557-5715

Typed or printed name of signing Managing Member/Manager

C.S.