

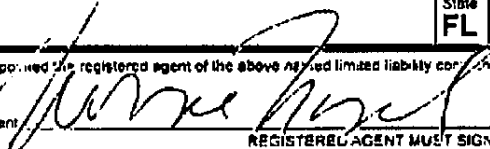
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

OCT 27 AM 8:21

SOUTH FLORIDA
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT 2011-2014		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000012647 1. Limited Liability Company's Name DICKSON-PIERCE PROPERTIES LLC			
2. Principal Office Address - No P.O. Box # 10809 Golden Eagle Ct. Suite Apt #, etc. City & State Plantation, FL Zip 33322		3. Mailing Office Address Attn: Mari Balaguer/ 485 7th Avenue Suite, Apt #, etc. 485 7th Ave, City & State New York, NY Zip 10018	
Country USA		Country USA	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 02/07/2005	
6. FEI Number 16-1715875		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐		\$500 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite Apt # Etc. City Plantation			
State FL		Zip Code 33324	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 10/27/2014 REGISTERED AGENT MUST SIGN Norine Nagel-Assst. Secy			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Manager	SEPHORA PROPERTIES LLC	10809 Golden Eagle Ct.	Plantation, FL 33324
11. E-mail Address (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager  Date 10/27/14 Daytime Phone # 212 588 1150 x 241 Typed or printed name of signing Authorized Representative/Manager Mari Balaguer			

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Division of Corporations

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Florida Department of State
Division of Corporations
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**LIMITED LIABILITY REINSTATEMENT
DICKSON-PIERCE PROPERTIES LLC**

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