1 of 2

FILED

2014 OCT 27 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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

CR2E041 (1/14)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 10809 Golden Eagle Ct. | Att: Mari Balaguer/ 485 7th Avenue |
| Suite Apt #, etc. | Suite, Apt. #, etc<br>485 7th Ave, |
| City & State<br>Plantation, FL | City & State<br>New York, NY |
| Zip / Country<br>33322 / USA | Zip / Country<br>10018 / 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 ☐ $5.00 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: Norine Nagel-Asst. Sec. Date: 10/27/2014

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | 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: MB Date: 10/27/14 Daytime Phone #: 212 588 1150 x 241

Typed or printed name of signing Authorized Representative/Manager: Mari Balaguer

K. ASHTON

# Florida Department of State

## Division of Corporations

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**LIMITED LIABILITY REINSTATEMENT**
**DICKSON-PIERCE PROPERTIES LLC**

| | |
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