

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000041123

1. Limited Liability Company's Name

THE STYLEVILLA, LLC

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

1000 LINCOLN RD

Suite, Apt. #, etc.

200

City & State

MIAMI BACH, FL

Zip

33139

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

APRIL 27, 2005

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

202764733

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

DAVID GRUTANAN

Gutman

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

1000 LINCOLN RD

Suite, Apt. #, Etc.

200

City

MIAMI BEACH

State

FL

Zip Code

33139

☐ 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

[Signature]

Date

10/13/08

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
MGDM	BRIAN GORDON	1000 LINCOLN RD - # 200	MIAMI BEACH, FL 33139

REINSTATEMENT

2007, 2008

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

[Signature]

Date

10/13/08

Daytime Phone #

305-534-7101

Typed or printed name of signing Managing Member/Manager

Brian Gordon

FILED
2008 OCT 13 P 1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 OCT 13 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 6, 2008

THE STYLEVILLA, LLC
1000 LINCOLN RD
200
MIAM BEACH, FL 33139

SUBJECT: THE STYLEVILLA, LLC
Ref. Number: L05000041123

We have received your document for THE STYLEVILLA, LLC and your check(s) totaling \$758.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 608A00052715