

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 DEC 18 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000047032

1. Limited Liability Company's Name

Ruby Nails, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
247 3rd Street

Suite, Apt. #, etc.

City & State
Neptune Beach, FL

Zip
32266

Country

3. Mailing Office Address
247 3rd Street

Suite, Apt. #, etc.

City & State
Neptune Beach, FL

Zip
32266

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida 9/15/2006

6. FEI Number
20-2823314

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
Hien Nguyen

Street Address (P.O. Box Number is Not Acceptable)
247 3rd Street

Suite, Apt. #, Etc.

City
Neptune Beach, FL

State
FL

Zip Code
32266

☒ 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

Hien Nguyen

REGISTERED AGENT MUST SIGN

Date December 10, 2007

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
MGR	Hien Nguyen	8372 Hedgewood Dr	Jacksonville, FL 32216
			700113080077 12/12/07--01037--022 **100.00
			700113080077 12/12/07--01037--023 **50.00
REINSTATEMENT 06-07			

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

Hien Nguyen
Hien Nguyen

Date 12/10/2007

Daytime Phone # 904-242-4445

Typed or printed name of signing Managing Member/Manager