

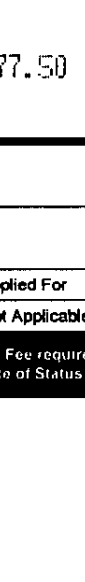


LIMITED LIABILITY COMPANY REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2011 DEC 29 PM 2:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA 100215645201 12/29/11--01032--005 **\$77.50 CR2E041 (1/11)	
DOCUMENT # L05000121482			
1. Limited Liability Company's Name			
Designs by Alicia, LLC			
2. Principal Office Address - No P.O. Box # 4519 Hardaway Highway		3. Mailing Office Address 4519 Hardaway Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Chattahoochee		City & State Chattahoochee	
Zip 32324	Country USA	Zip 32324	Country USA
4. State/Country of Formation Florida/USA		5. Date Organized or Qualified To Do Business in Florida 01-01-2006	
6. FEI Number 20-3992185		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent		E-mail Address:	
Name Lauriel Alicia Hicks		aliciahicks@fairpoint.net (To be used for future annual report notices)	
Street Address (P.O. Box Number is Not Acceptable) 4519 Hardaway Highway			
Suite, Apt. #, Etc.			
City Chattahoochee	State FL		
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		Date	
		12/27/11	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LAURIEL ALICIA HICKS	4519 HARDAWAY HIGHWAY	CHATTAHOOCHEE, FL 32324
JB			
REINSTATEMENT 2010 - 2011			
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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
Signature of Managing Member/Manager		Daytime Phone #	
		850-508-9805	
Typed or printed name of signing Managing Member/Manager			
Lauriel Alicia Hicks			