

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO600005994**

1. Limited Liability Company's Name

**UN FORGETT ABLE CONSIGNMENT
BOUTIQUE LLC**

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

**1462 OCEANW SHORE
BLVD**

Suite, Apt. #, etc.

City & State

ORLANDO BEACH FL

Zip

32176

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

ORLANDO BEACH FL

Zip

32176

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11-14-2006

6. FEI Number

55-0914324

7. CERTIFICATE OF STATUS DESIRED ☐

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 13 PM 4:20

FILED

Applied For ☐
Not Applicable ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name **RUTH ANN SQUIRE**

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

679 WELLINGTON STAT BLVD

Suite, Apt. #, etc.

27

City **ORLANDO BEACH**

State **FL**

Zip Code **32174**

☒ 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

Ruth Ann Squire

REGISTERED AGENT MUST SIGN

Date

10-12-09

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
Manager N/A	Ruth Squire	679 Wellington	OB Florida 32174

REINSTATEMENT

600162640106

11/03/09--01063--006 **277.50

2008-09 REINSTATEMENT

0809 DBRUC

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

Ruth Ann Squire

Date

10-1-09

Daytime Phone #

386 308-5886

Typed or printed name of signing Managing Member/Manager