

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L06000010388**

1. Limited Liability Company's Name

Bison Cosmetics LLC

000182270740
06/17/10--01051--006 **521.25

CR2E041 (05/10)

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

1176 clubhouse Dr

Suite, Apt. #, etc.

3. Mailing Office Address

1176 clubhouse Dr.

Suite, Apt. #, etc.

City & State

Uiera, FL

Zip

32955

Country

USA

City & State

Uiera, FL

Zip

32955

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/27/2006

6. FEI Number

204211544

☐ 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

Leslie Welton

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

1176 Clubhouse Dr

Suite, Apt. #, Etc.

City

Uiera

State

FL

Zip Code

32955

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

Leslie Welton

REGISTERED AGENT MUST SIGN

Date

6/15/10

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 |
|--------|--------------------------------------|---|--------------------|
| Pres | Leslie Welton | 1176 clubhouse Dr | Uiera, FL 32955 |
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REINSTATEMENT

2008-10

S. HAWKES

JUN 18 2010

EXAMINER

11. E-mail Address:

lesliewelton@aol.com

(To be used for future annual report notifications)

12. 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

Leslie Welton

Date

6/15/10

Daytime Phone

(908)320-8150

Typed or printed name of signing Managing Member/Manager

Leslie Welton