

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 11 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L06000023089**

1. Limited Liability Company's Name

Tommy Gil LLC

CR2E041 (11/09)

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

3029 NE 188 St

3. Mailing Office Address

3029 NE 188 St

Suite, Apt #, etc

707

Suite, Apt #, etc

707

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

US

Zip

33180

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

03/02/2006

6. FEI Number

20-4361775

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

Tommy Gil

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

3029 NE 188 St

Suite, Apt #, Etc

707

City

Aventura

State

FL

Zip Code

33180

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

+ Tommy Gil

REGISTERED AGENT MUST SIGN

Date

04/21/2010

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	Tommy Gil	3029 NE 188 St Apt 707	Aventura FL 33180
MGR	Sashley Cardenas	3029 NE 188 St Apt 707	Aventura, FL 33180

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REINSTATEMENT 08-10

CRS-D-10

11. E-mail Address:

styleaddict@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

+ Tommy Gil

Date

04/21/10

Daytime Phone #

786-942-9170

Typed or printed name of signing Managing Member/Manager

Manager