

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 206 00 00 23089

1. Limited Liability Company's Name

Tommy Gil LLC

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

**FILED**

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

CR2E041 (11/09)

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
<u>MGR</u>	<u>Tommy Gil</u>	<u>3029 NE 188 St Apt 707</u>	<u>Aventura FL 33180</u>
<u>MGR</u>	<u>Sashley Cardenas</u>	<u>3029 NE 188 St Apt 707</u>	<u>Aventura, FL 33180</u>

500180665925  
05/10/10-01075-011 \*\*\*16.25

**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