

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 AUG 22 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO6000 033641

1. Limited Liability Company's Name

Chix That Fix, LLC

CR2E041 (1/11)

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

6249 51st Terr. N.

Suite, Apt. #, etc.

3. Mailing Office Address

6249 51st Terr. N.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33709

Country

USA

City & State

St. Petersburg, FL

Zip

33709

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-4597586

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 Kathy M Fuson

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

6249 51st Terr. N.

Suite, Apt. #, Etc.

City St. Petersburg

State FL

Zip Code 33709

E-mail Address:

chixthatfix@yahoo.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.

Signature of

Registered Agent

Kathy M Fuson
REGISTERED AGENT MUST SIGN

Date 8/22/11

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>Kathy M Fuson</u>	<u>6249 51st Terr. N.</u>	<u>St. Petersburg, FL 33709</u>
MGRN			
<p>REINSTATEMENT - 09-11</p> <p>600211314086 08/22/11--01043--021 **516.25</p>			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, 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 808.408, 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

Kathy M Fuson

Date 8/22/11

Daytime Phone # (727) 439-1774

Typed or printed name of signing Managing Member/Manager

Kathy M Fuson

08
8/22/11