

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 MAY 23 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000059024

1. Limited Liability Company's Name

Island Girl Holdings, LLC

2. Principal Office Address - No P.O. Box #
944 Point Seaside Drive

Suite, Apt. #, etc.

3. Mailing Office Address
944 Point Seaside Drive

Suite, Apt. #, etc.

City & State
Crystal Beach, FL

City & State
Crystal Beach, FL

Zip
34681

Country
USA

Zip
34681

Country
USA

REINSTATEMENT

12-13

4. State/Country of Formation

Florida/ USA

5. Date Organized or Qualified
To Do Business in Florida

6/8/2006

6. FEI Number

205178079

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 Altman-Radl

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

944 Point Seaside Drive

Suite, Apt. #, Etc.

City

Crystal Beach

State

FL

Zip Code

34681

E-mail Address:

700248216247
05/23/13--01026--004 **382.50

kradl944@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 608, F.S.

Signature of

Registered Agent

Kathy Altman-Radl

Date 5-14-13

REGISTERED AGENT MUST SIGN

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 | Kathy Altman-Radl | 944 Point Seaside Drive | Crystal Beach, FL 34681 |
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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 608.405, 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 Altman-Radl

Date 5-14-13

Daytime Phone # 804-937-7997

Typed or printed name of signing Managing Member/Manager Kathy Altman-Radl, MGR