

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000082378

1. Limited Liability Company's Name

FR STYLES, LLC

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

1290 Weston Rd.

Suite, Apt. #, etc.

#201

City & State

Weston, FL

Zip

33326

Country

USA

3. Mailing Office Address

1290 Weston Rd.

Suite, Apt. #, etc.

#201

City & State

Weston, FL

Zip

33326

Country

USA

8. Name and Address of Current Registered Agent

Name

Sanford N. Reinhard

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

1290 Weston Rd.

Apt. #, Etc.

#201

City

Weston

State

FL

Zip Code

33326

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/27/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr	Michele Tawil	20185 E. Country Club Dr., #710	Aventura, FL 33180
Mgr	Marco Tawil	20185 E. Country Club Dr., #710	Aventura, FL 33180

11. E-mail Address: sanrein@bellsouth.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date

4/27/15

(954) 389-8900

Typed or printed name of signing authorized representative/member Sanford N. Reinhard

FILED

15 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida 08/21/2006

6. FEI Number
205431690

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a certificate of status

300272503203
05/01/15--01027--006 ***30.00
300272503203
05/01/15--01027--005 ***997.50