

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000096850

1. Limited Liability Company's Name

Amazing Touch, LLC

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

200 South Calhoun Street

Suite, Apt. #, etc.

City & State

Maitland, FL

Zip

32751

Country

USA

3. Mailing Office Address

200 South Calhoun Street

Suite, Apt. #, etc.

City & State

Maitland, FL

Zip

32751

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

10/4/06

6. FEI Number

331144835

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 Brown, Mary A

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

200 South Calhoun Street

Suite, Apt. #, Etc.

City

Maitland

State

FL

Zip Code

32751

☒ 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

Mary A. Brown

REGISTERED AGENT MUST SIGN

Date

10/5/08

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
Manager	<u>Mary A Brown</u>	<u>200 South Calhoun Street</u>	<u>Maitland, FL 32751</u>

REINSTATEMENT

2007-08

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 608.406, 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

Mary A. Brown

Date

10/5/08

Daytime Phone #

407 218-1813

Typed or printed name of signing Managing Member/Manager

Mary A Brown