## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		DEPARTM Secretary of SION OF CORE			08 OCT 17 AH 8:53	
DOCUMENT # L. 06000 096850  1. Limited Liability Company's Name  A mazing Touch, LLC				700136747977 10/08/0801030019 **277.50分。		
2. Principal Office Address - No P.O. Box#	ffice Address		CR2E041 (10/08)			
200 South Calhoun Street Suite, Apt. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			4. State/Country of Formation Florida USA  5. Date Organized or Qualified To Do Business in Florida 10/4/06	
Maitland, FL		Maitland, FL		6. FEI Numbe	Applied For Not Applicable	
32751 USA	<sup>Zip</sup> 3275		USA	7.	OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status	
Name Brown, Mary A Street Address (P.O. Box Number is Not Acceptate 300 South Calhoun of Suite, Apt. #, Etc.  City Mai Hand	State 3275/		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 Agent REGISTERED AGENT MUST SIGN  Date 145/0					Welso	
10. Names and Street Addresses of Managing N	lembers/Managers	1				
Titles Name of Managing Members/ Managers		Street Address of Each Managing Member/Manager			City / State / Zip	
Many A Brown		200 South Calhoun Street		Stroet	Martland, FL 32751	
	R			EINSTATEMENT		
		<u>.</u>				
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						
Typed or printed name of signing Managing Member/Manager Mary A Brown						