

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 NOV 13 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/09)

DOCUMENT # L07000004143

1. Limited Liability Company's Name

DESIGNZ, LLC

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

4195 Tamiami Trail South

Suite, Apt. #, etc.

#160

City & State

Venice, Florida

Zip

34293

Country

U.S.A.

3. Mailing Office Address

4195 Tamiami Trail South

Suite, Apt. #, etc.

#160

City & State

Venice, Florida

Zip

34293

Country

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

JAN. 2007

6. FEI Number

☐ Applied For

☐ Not Applicable

\$5.00 Additional Fee required  
for a Certificate of Status

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name

Yvette Archuleta

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

4195 Tamiami Trail South

Suite, Apt. #, Etc.

#160

City

Venice,

State

FL

Zip Code

34293



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 fee 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

Yvette Archuleta  
REGISTERED AGENT MUST SIGN

Date

Nov. 6, 2009

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	Yvette Archuleta	4195 Tamiami Trail South #160	Venice, Florida 34293

800162645848  
11/09/09--01063--004 \*\*\$377.50

800162645848  
11/09/09--01063--004 \*\*\$377.50

11. E-mail Address:

YETTE@BIKEDESIGNZ.COM

(To be used for future annual report notifications)

**REINSTATEMENT 2008-09**

12. I certify that I am managing member/manager or the receiver or the trustee empowered to execute this application as provided 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

Yvette Archuleta

Date

11/6/09 Daytime Phone # (941) 815-6862

Typed or Printed name of signing Managing Member/Manager

YVETTE ARCHULETA

JB