

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 107000079265

1. Limited Liability Company's Name

STRESSFREE TATTOOS & BODY PIERCING, LLC

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

948 NW 205 ST

Suite, Apt. #, etc.

City & State

MIAMI GARDENS, FL.

Zip

33169

Country

US

3. Mailing Office Address

948 NW 205 ST

Suite, Apt. #, etc.

City & State

MIAMI GARDENS, FL.

Zip

33169

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 08/01/07

6. FEI Number

☒ 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

DAMIAN L. HEPBURN

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

948 NW 205 ST

Suite, Apt. #, Etc.

City

MIAMI GARDENS

State

FL

Zip Code

33169

☒ 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

Damian L. Hepburn

Date 09/29/09

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
MGRM	DAMIAN L. HEPBURN	948 NW 205 ST	MIAMI GARDENS, FL. 33169
MGRM	ABBISINA HEPBURN	948 NW 205 ST	MIAMI GARDENS, FL. 33169
MGRM	ANTHONY HUNT	18810 NW 31 AVE	MIAMI, FL. 33055

JB

REINSTATEMENT 2008-09

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

Abbissina Hepburn

Date 09/29/09

Daytime Phone # 305-474-0066

Typed or printed name of signing Managing Member/Manager **ABBISINA HEPBURN**