

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 23 PM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900169676159
02/18/10--01044--006 **238.75

CR2E041 (11/09)

DOCUMENT # L07000090726

1. Limited Liability Company's Name

ST TROPEZ DESIGN & DECOR, LLC

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

1010 E LAS OLAS BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

1010 E LAS OLAS BLVD

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33301

Country

BROWARD

Zip

33301

Country

BROWARD

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

09/05/2007

6. FEI Number

51-0646668

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

GERARD KISS

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

2124 NE 27TH DR

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33306

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

REGISTERED AGENT MUST SIGN

Date **02/15/2010**

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	KISS, GERARD	2124 NE 27TH DRIVE	FT LAUDERDALE, FL 33306
MGRM	KISS, CHRISTINE	2124 NE 27TH DRIVE	FT LAUDERDALE, FL 33306
REINSTATEMENT			S. HAWKES FEB 25 2010 EXAMINER

11. E-mail Address:

(To be used for future annual report notifications)

12. 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 608.408, 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

Date **02/15/2010** Daytime Phone # **954-767-1073**

Typed or printed name of signing Managing Member/Manager **GERARD KISS**