

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 31 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO7000127991

1. Limited Liability Company's Name

Toxic INK Tattoo

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

70 West Center St

Suite, Apt. #, etc.

suite A

City & State

Minneola FL

Zip

34715

Country

US

3. Mailing Office Address

70 West Center St

Suite, Apt. #, etc.

suite A

City & State

Minneola FL

Zip

34715

Country

US

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12-28-2007

6. FEI Number

26-1355635

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

Ted Rodriguez

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

124 N Bluford Ave

Apt. #, Etc.

City

Ocoee

State

FL

Zip Code

34761

000280571150

01/04/16--01039--004 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

Date 12-29-15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
owner	Michael Scobey	70 West Center St	Minneola FL 34715
mgr	Ted Rodriguez	124 N Bluford Ave	Ocoee FL 34761

11. E-mail Address:

Rodriguez Ted 71@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date

12-29-15

Daytime Phone #

321-945-1770

Typed or printed name of signing authorized representative/member

Ted Rodriguez

DEC 31 2015

M. WILLIAMS