

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION:

10 OCT 27 AM 10:49

DOCUMENT # **L09000083925**

1. Limited Liability Company's Name

Back to Perfection LLC

CR2E041 (05/10)

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

12705 82nd Lane N.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

FL

Zip

33411

Country

USA

Zip

Country

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

8-3-2008

6. FEI Number

26-3268874

☒ 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

TIM CARRILL

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

12705 82nd Lane North

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33411

900187135959
10/27/10--01006--012 **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 608, F.S.

Signature of
Registered Agent

Tim Carrill

Date **10-25-10**

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
MGV	TIM CARRILL	12705 82nd Lane N	W P B. FL 33411

REINSTATEMENT

11. E-mail Address: **TRISH1002@AOL.CO**

(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 608.406, 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

Tim Carrill

Date **10-25-10**

Daytime Phone #

561-836-9824

Typed or printed name of signing Managing Member/Manager

N. Cuffigan OCT 27 2010