

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 CORPORATIONS

11 JUN -1 AM 9:51

DOCUMENT # **L09000088714**

1. Limited Liability Company's Name

Superior Cuts LLC

900199355369
03/25/11--01037--013 **245.00

CR2E041 (1/11)

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

2595 Boggy Creek RD - Same

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Zip

Country

34744

osceola

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/2009

6. FEI Number

27-0943345

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 **Haydee Maldonado**

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

1850 Wimbledon ST

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34743

E-mail Address:

900199355369
06/01/11--01002--004 **132.50

Pol.Francisco@yahoo.com
(To be used for future annual report notices)

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

Haydee Maldonado

Date **3-20-2010**

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	Francisco Pol	1850 Wimbledon ST	Kissimmee FL 34743

REINSTATEMENT 10,11

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. 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 Managing
Member/Manager

Haydee Maldonado

Date

Daytime Phone # **321-746-5498**

Typed or printed name of signing Managing Member/Manager

N. Giffen JUN - 1 2011