

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 DEC 30 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000098425

1. Limited Liability Company's Name

CHICO & CO. LLC

CR2E041 (1/14)

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

1710 JEFFERSON AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

1710 JEFFERSON AVENUE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

US

Zip

33139

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/09/2009

6. FEI Number

204876473

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

AHMED ELFEKI

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

1710 JEFFERSON AVENUE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

800267844568

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

REGISTERED AGENT MUST SIGN

Date Dec 29th 2014

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
MGRM	AHMED ELFEKI	1710 JEFFERSON AVENUE	MIAMI BEACH, FL 33139

11. E-mail Address: ahmedelfeki@outlook.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date Dec 29th 2014

Daytime Phone # 305-316-3282

Typed or printed name of signing Authorized Representative/Manager AHMED ELFEKI

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FILED

ACCOUNT NO. : I20000000195 16 DEC 30 PM 12:38

REFERENCE : 437801 SECRETARY OF STATE
7952375 TALLAHASSEE, FLORIDA

AUTHORIZATION :

COST LIMIT : *Lynell Coleman*
8,377.50

ORDER DATE : December 29, 2014

ORDER TIME : 9:55 AM

ORDER NO. : 437801-005

CUSTOMER NO: 7952375

DOMESTIC FILINGS

NAME: CHICO & CO. LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
14 DEC 30 AM 10:51