

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP 19 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000116229

1. Limited Liability Company's Name

Serenity Spa, LLC

100212308901 KS
09/19/11--01056--003 **377.50
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
10879 Bloomingdale Ave.

3. Mailing Office Address
10879 Bloomingdale Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riverview, Florida

City & State

Riverview, Florida

Zip

33578

Country

US

Zip

33578

Country

US

4. State/Country of Formation
Florida/US

5. Date Organized or Qualified
To Do Business in Florida

12/07/2009

6. FEI Number

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
Tony H. Phan

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

10879 Bloomingdale Ave.

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33578

E-mail Address:

(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

Date 9/11/11

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
MGR	Tony H. Phan	10879 Bloomingdale Ave.	Riverview, FL 33578

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

Date 8/21/11

Daytime Phone # 727-459-3165

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2011

SERENITY SPA, LLC
10879 BLOOMINGDALE AVE.
RIVERVIEW, FL 33578 US

SUBJECT: SERENITY SPA, LLC
Ref. Number: L09000116229

We have received your document for SERENITY SPA, LLC and check(s) totaling \$263.75. However, your check(s) and document are being returned for the following:

The total amount to Reinstate is \$377.50. Submit just one check because you dont have to file the Change of REGISTERED AGENT FORM you changed it on the reinstatement.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 411A00020314