

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

14 JAN 27 PH 5:29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L11000014265

1. Limited Liability Company's Name

Electronic Boutique LLC

REINSTATEMENT

CR2E041 (1/14)

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

8545 SW 132 Ct

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33183

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

same

Country

same

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

02/02/2011

6. FEI Number

27-4747583

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

Rene Rivero

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

8545 SW 132 Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33183

300255998193
01/27/14--01003--009 **377.50

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

1/21/2014

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
MGR	Rene Rivero	8545 SW 132 CT	Miami FL 33183

11. E-mail Address: electronicboutique@gmail.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

[Signature]

Date

1/21/2014

Daytime Phone #

786-718-5751

Typed or printed name of signing Authorized Representative/Manager

Rene Rivero

JAN 24 2014