

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000077351

1. Limited Liability Company's Name
Two Petite Ladies LLC

FILED

13 NOV 15 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 3470 East Coast Avenue Suite, Apt. #, etc. PH106 City & State Florida Zip 33137		Country USA	
3. Mailing Office Address 3470 East Coast Avenue Suite, Apt. #, etc. PH106 City & State Florida Zip 33137		Country USA	

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida **7/5/11**

6. FEI Number
45-2806220

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
Seth Cohen
Street Address (P.O. Box Number is Not Acceptable)
3470 East Coast Avenue
Suite, Apt. #, Etc.
PH106
City
Miami

State
FL
Zip Code
33137

E-mail Address:

000253889430
11/15/13--01030--004 **125.00

scohen@transglobalcap.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

Date 11/11/13

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
SCMGRM ing M	Seth Cohen	3470 East Coast Avenue, PH106	Miami, FL 33137

REINSTATEMENT

NOV 15 2013

R. HUNT

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 11/11/13

Daytime Phone #

917 903 3798
1111111111

Typed or printed name of signing Managing Member/Manager