

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 DEC -1 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000140737

1. Limited Liability Company's Name

Violet Nail Salon & SPA LLC

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

833 W Gaines St.

Suite, Apt. #, etc

102

City & State

Tallahassee, FL

Zip

32304

Country

United States

3. Mailing Office Address

833 W Gaines St.

Suite, Apt. #, etc

102

City & State

Tallahassee

Zip

32304

Country

U.S.

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

DEC 01 2015

L. SELLER

100279631301

12/01/15--01011--008 **516.25

8. Name and Address of Current Registered Agent

Name

PHUONG LOAN THI VU

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

792 eagle view dr

Apt. #, Etc

City

Tallahassee

State

FL

Zip Code

32311

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]
REGISTERED AGENT MUST SIGN

Date 11/19/2015

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	PHUONG LOAN THI VU	792 eagle view dr	Tallahassee FL 32311

REINSTATEMENT

2012-
2015

11. E-mail Address.

phuongloan-001@yahoo.com.vn
(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date 11/19/2015

Daytime Phone #

850 727 0272

Typed or printed name of signing authorized representative/member