


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

16 SEP -8 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT 2014-2016		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L12000028263

1. Limited Liability Company's Name
Interiors by Veronique, LLC

2. Principal Office Address - No P.O. Box # 2249 Broad Water Drive		3. Mailing Office Address 2249 Broad Water Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32225	Country USA	Zip 32225	Country USA

CR2E041 (1/14)

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 2/28/12	
6. FEI Number 45-4690446	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name Veronique J. Schleef			
Street Address (P.O. Box Number is Not Acceptable) Suite, 2249 Broad Water Drive			
Apt. #, Etc.			
City Jacksonville	State FL	Zip Code 32225	

200288689312
09/08/16--01030--029 **277.30
200288689312
08/03/16--01020--016 **238.75

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 **7/22/16**

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
Owner	Veronique J. Schleef	2249 Broad Water Drive	Jacksonville, Florida 32225

11. E-mail Address: **veroniqueschleef@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 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 **7/22/16**

Daytime Phone # **904-662-9862**