

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 42000088893

1. Limited Liability Company's Name
Sashley Lic

2. Principal Office Address - No P.O. Box #
17903 NW 78 avenue

Suite, Apt. #, etc.

City & State
Hialeah, Florida

Zip
33015

Country
usa

3. Mailing Office Address
17903 NW 78 Avenue

Suite, Apt. #, etc.

City & State
hialeah, florida

Zip
33015

Country
usa

4. State/Country of Formation
Florida, Miami-Dade

5. Date Organized or Qualified
To Do Business in Florida
02/04/2014

6. FEI Number
460567417

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
Sashley Gil

Street Address (P.O. Box Number is Not Acceptable)
17903 NW 78 Avenue

Suite, Apt. #, Etc.

City
Hialeah

State
FL

Zip Code
33015

500256474185
02/21/14--01005--002 **138.75

500256474185
02/06/14--01035--006 **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

Sashley Gil

REGISTERED AGENT MUST SIGN

Date **02/04/14**

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
MA	ELNATABADA	17903 NW 78 Ave	Hialeah, FL 33015
		S. HAWKES FEB 21 AM EXAMINER	S. HAWKES FEB 21 AM EXAMINER
REINSTATEMENT			
		377.50	

11. E-mail Address: **styleaddicto@aol.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

Sashley Gil

Date **02/04/2014**

Daytime Phone # **7869429170**

Typed or printed name of signing Authorized Representative/Manager

Sashley Gil



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2014

SAHLEY LLC
17903 NW 78 AVENUE
HIALEAH, FL 33015

SUBJECT: SASHLEY LLC
Ref. Number: L12000088893

We have received your document for SASHLEY LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2013 through 2014; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$138.75.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 314A00002850