

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000073919

1. Limited Liability Company's Name

Noihsaf Couture, LLC

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

7771 NW 37TH Street

Suite, Apt. #, etc

City & State

Davie, Florida

Zip

33024

Country

USA

3. Mailing Office Address

7771 NW 37TH Street

Suite, Apt. #, etc

City & State

Davie, Florida

Zip

33024

Country

USA

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

8. Name and Address of Current Registered Agent

Name

Kyerrah M. Batton

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

7771 NW 37TH Street

Apt. #, Etc

City

Davie

State

FL

Zip Code

33024

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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

Date 11/09/2016

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
AR	Kyerrah M. Batton	7771 NW 37TH Street	Davie, FL 33024

NOV 17 2016

S. YOUNG

16 NOV 14 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. E-mail Address Kyerrahbrown@yahoo.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

Kyerrah M. Batton

Date 11/09/2016

Daytime Phone # (786) 972-0060

Typed or printed name of signing authorized representative/member Kyerrah M. Batton