

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

**2015**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L13000151942**

1. Limited Liability Company's Name

JoyBound Apparel LLC

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

12225 Country Day Cir

Suite, Apt. #, etc.

3. Mailing Office Address

12225 Country Day Cir

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

Zip

33913

Country

USA

Zip

33913

Country

USA

**8. Name and Address of Current Registered Agent**

Name

Mia Lemus

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

12225 Country Day Cir

Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33913

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

*Mia Lemus*

REGISTERED AGENT MUST SIGN

Date 12/30/15

**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	Mia Lemus	12225 Country Day Cir	Fort Myers, Florida 33913

11. E-mail Address: Joyboundapparel@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

*Mia Lemus*

Date

12/30/2015

Daytime Phone #

941-916-0929

Typed or printed name of signing authorized representative/member

Mia Lemus

**FILED**

**15 DEC 31 AM 8:58**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

nov, 2013

6. FEI Number

46-4016548

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

**400280546054**  
**01/04/16--01008--020 \*\*238.75**

**K. ASHTON**