

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

15 DEC 31 PM 3:59

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # L14000032597

1. Limited Liability Company's Name

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

11532 TAMiami TRAIL

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34113

Country

U.S.

3. Mailing Office Address

11532 TAMiami TRAIL

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34113

Country

U.S.

CR2E041 (1/14)

4. State/Country of Formation

FL US

5. Date Organized or Qualified To Do Business in Florida

Feb 26 2014

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

Yesenia Rubi RODRIGUEZ

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

11532 TAMiami TRAIL

Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34113

000280545420

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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

Yesenia Rubi RODRIGUEZ

REGISTERED AGENT MUST SIGN

Date

12/31/15

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
AP	Yesenia Rodriguez	11532 Tamiami Tr. E.	NAPLES, FL 34113

11. E-mail Address:

(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

Yesenia R. Rodriguez

Date

(239) 200-2681

Daytime Phone #

12/31/15

Typed or printed name of signing authorized representative/member

Session