

LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Limited Liability Company's Name
FIT FIXINS LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JENSEN BEACH

Zip	Country
34957	USA

8. Name and Address of Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable) Suite
3810 NE LINDA DR
Apt. #, Etc.

City
JENSEN BEACH

State	Zip Code
FL	34957

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 **7/14/2016**

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	CLYDE TIGER	3810 NE LINDA DR	JENSEN BEACH, FL 34957
AR	CHELSIA TIGER	3810 NE LINDA DR	JENSEN BEACH, FL 34957
			S. HAWKES
			JUL 20 A.M.
	REINSTATEMENT	37150	EXAMINER
	2015-2016		

11. E-mail Address: **CHELSIA.TIGER@FITFIXINS.NET**

(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

- Date

Daytime Phone # _____

Typed or printed name of signing authorized representative/member

FILED
16 AUG 16 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000288127090
07/19/16--01011--006 **238.75

CR2E041 (1/14)

4. State/Country of Formation
FL/USA

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

6. FEI Number -
46-5308089

Applied For	
Not Applicable	

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a certificate of status

W14-50202

000288127090
08/16/16--01035--014 **143.75

Please accept this check as the balance of the payment due for Fit Fixins reinstatement plus \$5.00 for a Certificate. Should you have any questions, please contact Chelsia Tiger at 772-285-7881.

Thank you,

Chelsia Tiger



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2016

FIT FIXINS LLC
6554 NW SELVITZ RD
PORT ST LUCIE, FL 34983

SUBJECT: FIT FIXINS LLC
Ref. Number: W16000050202

We have received your document for FIT FIXINS 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 through 2016; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$377.50.

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

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 416A00015114