

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L44000140270

1. Limited Liability Company's Name

Rebecca Lee Stylist, LLC

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

2263 SW 37 Ave.

Suite, Apt. #, etc.

Suite # 117

City & State

Miami, FL

Zip

33145

Country

USA

3. Mailing Office Address

2263 SW 37 Ave.

Suite, Apt. #, etc.

Apt. 632

City & State

Miami, FL

Zip

33145

Country

USA

8. Name and Address of Current Registered Agent

Name

Rebecca Lee Slayden

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

2263 SW 37 Ave.

Apt. #, Etc.

Apt. 632

City

Miami

State

FL

Zip Code

33145

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/8/15

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
owner	Rebecca Lee Slayden.	2263 SW 37 Ave. Apt. 632	miami, FL 33145

11. E-mail Address:

rebecca.slayden@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

[Signature]

Date

11/8/15

Daytime Phone #

(305) 915-0114

Typed or printed name of signing authorized representative/member

Rebecca Lee Slayden

FILED

15 DEC 21 AM 8:36

CLERK OF THE COURT
CLERK OF THE COURT

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

9/6/2014

6. FEI Number

471827093

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a certificate of status

900279464839

11/24/15--01003--016 **243.75

S. HAWKES
DEC 22 AM
EXAMINER