PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
19 APR 28 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000155182

1. Limited Liability Company's Name
Dixie Chic, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1219 Thomas Drive	1219 Thomas Drive
Suite Apt. #, etc. Unit 132	Suite Apt. #, etc. Unit 132
City & State Panama City, FL	City & State Panama City, FL
Zip 32408 Country United States	Zip 32408 Country United States

4. State/Country of Formation: Florida / United States
5. Date Organized or Qualified To Do Business in Florida: 10/6/2014
6. FEI Number: 46-4398175 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

70032709936 7
3/28/19 1017 37
3/28/19 1017 36

8. Name and Address of Current Registered Agent

Name: InCorp Services Inc.
Street Address (P.O. Box Number is Not Acceptable) Suite:
17888 67th Court North
Apt. # Etc
City: Loxahatchee State: FL Zip Code: 33470

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] Date: 3/26/19
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	Tessa Hall	1219 Thomas Dr. Unit 132	Panama City, FL 32408
AR	Leslie Drummond	1204 Shetland Drive	Fayetteville, AR 72704

11. E-mail Address: thall8@hotmail.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: Tessa Hall Date: 3/26/19 Daytime Phone #: 479-301-1251

Typed or printed name of signing authorized representative/member: Tessa Hall