PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2022 JAN 25 AM 9:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000163280

1. Limited Liability Company's Name

RNSDS, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5150 Florida Blvd		5150 Florida Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Baton Rouge, LA		Baton Rouge, LA	
Zip	Country	Zip	Country
70806	East Baton Rouge	70806	East Baton Rouge

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/14/2014

6. FEI Number: 47-2455372 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a certificate of status

100380409021
01/25/22--01018--003 **655.00

100380409021
01/25/22--01018--004 **138.75

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite:
1201 Hays Street

Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32301

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: Mindy Fay — Authorized Representative — Date: 12/10/2021

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
MGR	Quy Ton	5150 Florida Blvd	Baton Rouge, LA 70806

A. PARISHANI
JAN 25 2022

11. E-mail Address: dave@regalnails.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: 12/10/2021 Daytime Phone #: 225-906-0584

Typed or printed name of signing authorized representative/member: David M Anderson