

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED

2016 OCT 18 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15000021796

1. Limited Liability Company's Name

Studio 13 Naittigue, LLC

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

852 1st Ave S

Suite, Apt. #, etc.

C

City & State

Naples FL

Zip

34102

Country

USA

3. Mailing Office Address

1301 INGRAHAM ST

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34103

Country

USA

8. Name and Address of Current Registered Agent

Name

CHRISTINA R. PASSAMONDI

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

1301 INGRAHAM ST

Apt. #, Etc.

City

NAPLES FL

State

FL

Zip Code

34103

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 10/8/16

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
<u>MANAGER</u>			
<u>AMBR</u>	<u>REA L. CAMPBELL</u>	<u>318 INMAN ST</u> 318 INMAN ST	<u>LEHIGH ACRES FL 33930</u>

11. E-mail Address: studio13nails@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 10/8/16

Daytime Phone #

239 537 4587

Typed or printed name of signing authorized representative/member

REA CAMPBELL

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10/18/16--01004--024 **238.75

CR2E041 (1/14)

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

FEB 2015

6. FEI Number

47-3037400

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐