

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000081870

1. Limited Liability Company's Name

UNIQUE NAILS & SPA 2 LLC

2020, 11-1 PM 1:07

600345818800
06/01/20--01038--034 #793.75

CR2E041 (1/14)

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

4865 Park St N

Suite, Apt. #, etc

City & State

St. Petersburg FL

Zip

Country

33709

US

3. Mailing Office Address

4865 Park St N

Suite, Apt. #, etc

City & State

St. Petersburg FL

Zip

Country

33709

US

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

05/01/2015

6. FEI Number

47-3922684

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name

BECCA H TRAM

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

4865 Park St N

Apt. #, Etc

City

St. Petersburg

State

FL

Zip Code

33709

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 May 29, 2020

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 | BECCA H. TRAM | 4865 Park St. N | St. Petersburg FL 33709 |
| REINSTATEMENT | | | GOLDEN |
| <u>2018-2020</u> | | | <u>JUL 1 2020</u> |

11. E-mail Address

becca200011@yahoo.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

5/29/2020

Daytime Phone #

727 548 6016

Typed or printed name of signing authorized representative/member

BECCA TRAM