## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

COMPANY	DA DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS	1(	F (A E D) 6 OCT    AM 9:53
DOCUMENT # L 5000 174001  1. Limited Liability Company's Name		DEORETARY OF STATE PARLAHADORE ELOYDIA	
Holy Chic By Ashley			
2. Principal Office Address - No P.O. Box#  3. Mailing Office Address  1505 Main St		CR2E041 (1/14)  4. State/Country of Formation	
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Date Organized or Qualified	
City & State City & State		To Do Business in Flonda 10/3/2015	
Zip Country Zip Country		47-532 0980 Not Applicable	
34698 V.S 346	98 U.S	7. CERTIFICATE OF S	TATUS DESIRED 55.00 Additional Fee required for a certificate of status
8. Name and Address of Current Registered Agent			
Street Address (P.O. Bax Number is Not Acceptable) Suite.			
Apt. # Etc. HeaderMy DV		10029112785;	
City State Zip Code		100291127851 10/11/1601030009 **238.75	
Legista appointed the registered agent of the shows named limite	FL 33764	at the obligations	of Chapter COE E C
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 REGISTERED AGENT MUST SIGN  Date 15 20 10			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles Name of Street Address of Each Authorized Representatives/ Authorized Representat Managers Manager		re/ City / State / Zip	
AKA Ashley Zuchegno	2117 Academy Dr		CIW, FI 33764
			S. HAWKES
			ULI 12 AM
			EXAMINER
11, E-mail Address <u>azal 86) Notmail.com</u> (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			
Typod or printed mains or signing admonated representative/interniber			