

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

2024 NOV -5 PM 4:34

STATE OF FLORIDA

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DOCUMENT # L16000195701

1. Limited Liability Company's Name Sugar Bliss Spa LLC

2. Principal Office Address - No P.O. Box # 7901 4th St Suite, Apt. #, etc. 10881 City & State St. Petersburg, FL Zip 33702 Country USA

8. Name and Address of Current Registered Agent Name: Erika Thompson Street Address: 7901 4th St Apt. #, Etc. #10881 City: St. Petersburg, FL State: FL Zip Code: 33702

4. State/Country of Formation Florida/USA 5. Date Organized or Qualified To Do Business in Florida 10/24/2016 6. FEI Number 87-1738729 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status

REINSTATEMENT

2023-2024

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: October 30, 2024 REGISTERED AGENT MUST SIGN

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Row 1: AMBR, Erika Thompson, 7901 4th St #10881 St. Petersburg, FL, St. Petersburg, FL 33702. Date: NOV 5 2024, M. WILLIAMS

11. E-mail Address: wellness@paloma9.com

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: 10/30/24 Daytime Phone #: (954)-999-6419