PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM	
COMPANY REINSTATEMENT COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	2024 NOV -5 PM 4: 34
DOCUMENT # L14000195781 Limited Liability Company's Name SUGAT BISS Spa LLC	800439166028 11/06/2401003001 **377.50
2. Principal Office Address No P.O. Box # 3. Mailing Office Address 790 4th St. Suite, Apt. #, etc. Suite, Apt. #, etc. LO 8 8 City & State St. Peters Vourg T. Zip Country Zip Country 3. Mailing Office Address City & State City & State City & State Country Suite, Apt. #, etc. Address of Current Registered Agent	4. State/Country of Formation 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number 7. CERTIFICATE OF STATUS DESIRED 7. CERTIFICATE OF STATUS DESIRED 7. State Of Status Desired 7. CERTIFICATE OF STATUS DESIRED 7. CERTIFICATE OF STATUS DESIRED
Street Activess (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Lity Peter Shura, Fl State 33702 9. I. being appointed the registered agent of the above named limited liability company, am familiar with and acceptable in the state of the above named limited liability company, am familiar with and acceptable in the state of the above named limited liability company, am familiar with and acceptable in the state of the above named limited liability company.	PETINSTATE: 2023 - 2-04 ept the obligations of Chapter 605, F.S.
Signature of Registered Agent REGISTERED AGENT MUST SIGN 10 Names and Street Addresses of Authorized Representatives/Managers	Detober 30,20?
Titles Name of Authorized Representatives/ Managers Managers Managers IBIR TYLKA TYONNESON PSA Parentatives/ UNITED TYPE CONTROLL OF THE PROPERTY OF THE PROP	City / State / Zip 10881 St. Deters Dusg,
	NOV 5 2024 M. WILLIAM'S
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limite 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicas shall have the same legal effect as if made under oath. I am aware that false information submitted in a docute felony as provided for in s. 817.155, F.S. Signature of authorized representative/member Date Date	this application as provided for in Chapter 605, F.S. I further ad liability company name satisfies the requirement of section at the design of this application is true and accurate, and my signature