

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 FEB 22 AM 7:1

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LLF 17000140564
02/22/19--01023--004

CR2E041 (1/14)

DOCUMENT # L17000140564

1. Limited Liability Company's Name

QUEEN PEACOCK MOBILE BOUTIQUE LLC

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

12904 VISTA PINE CIRCLE

Suite, Apt #, etc

City & State

FORT MYERS FL

Zip

33913

Country

3. Mailing Office Address

3702 NELSON TILLIS BLVD

Suite, Apt #, etc

202

City & State

FORT MYERS FL

Zip

33916

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 06/28/2017

6. FEI Number

82-2008270

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Addition
for a certifica

8. Name and Address of Current Registered Agent

Name

Sade Simmons

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

3702 NELSON TILLIS BLVD

Apt #, Etc

202

City

FORT MYERS

State

FL

Zip Code

33916

\$238.75

300325602263
02/22/19--01023--004 **

REI - 2018-2

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

300325602263

03/29/19 01020007 \$138.75

REGISTERED AGENT MUST SIGN

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	Sade Simmons	3702 NELSON TILLIS BLVD., 202	FORT MYERS, FL

M. MILLIGAN
MAR 07 2019

11. E-mail Address: PeacockMobileBoutique@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 hereby certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of s 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 sign 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

Date 2/12/19

Daytime Phone # 239-244

Typed or printed name of signing authorized representative/member

Sade Simmons