LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L17000140564

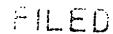
1. Limited Liability Company's Name

felony as provided for in s. 817,155, F.S.

Signature of authorized representative/member

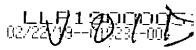
Typed or printed name of signing authorized representative/member

QUEEN PEACOCK MOBILE BOUTIQUE LLC



2019 FEB 22 AH 7: 1

SECRETARY OF STATE TALL AHASSED FLORIC



2. Principal Office Address - No P.O. Box #	Mailing Office Address	Mailing Office Address		CR2E041 (1/14)	
12904 VISTA PINE CIRCLE	3702 NELSON TILLIS BLVD		4. State/Country	of Formation	
Suite, Apt #, etc	Suite, Apt #, etc		FL		
	202		 Date Organize To Do Busines 		
City & State ·	City & State		6 FEI Number		
FORT MYERS FL	FORT MYERS FL		82-21	100270	
Zip Country	Zip	Country			
33913	33916		7. CERTIFICATE OF ST	ATUS DES RED for a cortifical	
8 Name and Addre	ss of Current Registered A	gent	1 400	200	
Name			58.7S		
Sade Simmons	 		_ 🔾 🖰		
Street Address (P.O. Box Number is Not Acceptable) Suite, 3702 NELSON TILLIS BLVD				en i Salada (Salada (S	
Apt #, Etc			<u>- jazīji</u>	UBAS-01023-064 **	
202					
City		State Zip Code	TREE	- 2018-Z	
FORT MYERS		FL 33916	1 VET	- 2010 2	
9 I, being appointed the registered agent of the a Signature of Registered Agent	above named limited liability c		3003256022	•	
10 Names and Street Addresses of Authorized Rep	resentatives/Managers		· <u> </u>		
Name of Titles Authorized Representativ Managers	es/	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 TOB	
11 E- mail Address: PEUCOCKMO		ed for future autidal report notific	ations)		

certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of se 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 out. Name appears that false information submitted in a document to the Department of State constitutes a third degree.