

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2020 AUG -3 PM 12:07

DOCUMENT # 1-180000012339

1. Limited Liability Company's Name

Cheaper to keep her

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

7164 W. Lumsden Rd

Suite, Apt. #, etc

3. Mailing Office Address

same

Suite, Apt. #, etc

City & State

Brandon, FL

City & State

Zip

33511

Country

USA

Zip

Country

4. State/Country of Formation

FL, Hillsborough

5. Date Organized or Qualified  
To Do Business in Florida

11/21/13

6. FEI Number

82-4219771

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

8. Name and Address of Current Registered Agent

Name

Sivily Ponce de Leon

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

1735 77th Aven.

Apt. #, Etc

City

Saint Petersburg

State

FL

Zip Code

33702

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

*Sivily Ponce de Leon*

REGISTERED AGENT MUST SIGN

Date 07/16/20

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	Sivily Ponce de Leon	1735 77th Aven	ST Petersburg, FL 33603

REINSTATEMENT

AUG 03 2020

R. HUNT

11. E-mail Address

SPDLCRYSTALBALLROOM@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 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

*Sivily Ponce de Leon*

Date

07/14/20

Daytime Phone #

(727) 460-9963

Typed or printed name of signing authorized representative/member