

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 MAY 23 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500430338075

CR2E041 (1/14)

DOCUMENT # L22000148179

Limited Liability Company's Name

EAUTIFUL KISSES LLC

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

029 NW 26TH ST

Suite, Apt. #, etc

3. Mailing Office Address

3029 NW 26TH ST

Suite, Apt. #, etc

City & State

OAKLAND PARK, FL

City & State

OAKLAND PARK, FL

Zip

3311

Country

USA

Zip

33311

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

03/28/2022

6. FEI Number

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

CORPORATE CREATIONS NETWORK, INC.

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

001 US HIGHWAY 1

Apt. #, Etc

City

NORTH PALM BEACH

State

FL

Zip Code

33408

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**

Niyya Rice
REGISTERED AGENT MUST SIGN

Date 05/21/2024

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	ADRIANNE WALKER	3029 NW 26TH ST	OAKLAND PARK, FL 33311

11. E-mail Address: GOVDOCS@CORPCREATIONS.COM

(To be used for future annual report notifications)

L. BROWN

MAY 21 2024

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

Niyya Rice

Date

05/21/2024

Daytime Phone #

561-694-8107

Typed or printed name of signing authorized representative/member

NIYYA RICE, ATTORNEY-IN-FACT

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 05/22/2024

****WALK IN****

ENTITY NAME Beautiful Kisses LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

RECEIVED
2024 MAY 22 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$???

ACCOUNT #: I20160000072

S R JH

Please call Tina at the above number for any issues or concerns. Thank you so much!