

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2025 FEB -3 PM 4:57

DOCUMENT # **L24000074997**

1. Limited Liability Company's Name

**Suite One Hookahs and Cigars
LLC**

SECRETARY OF STATE
TALLAHASSEE, FL

BOOKING@SUITEONEHOOKAHS.COM
02/03/25--01006--021 **230.70

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

9840 Bosque Lane

Suite, Apt. #, etc.

3. Mailing Office Address

9840 Bosque Lane

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip Country

33025 US

City & State

Miramar, FL

Zip Country

33025 US

CR2E041 (1/14)

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

2/10/2024

6. FEI Number

99-1366830

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 **Tayisha Scott-Celestin**

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

9840 Bosque Lane

Apt. #, Etc.

City **Miramar**

State

FL

Zip Code

33025

REINSTATEMENT

2025

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 **JS Celestin**

REGISTERED AGENT MUST SIGN

Date **1/22/25**

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Tayisha Scott-Celestin	9840 Bosque Lane	Miramar, FL 33025
MGR	Andrea Smith	727 NW 103 th ST	Miami, FL 33168
MGR	Chantell Radford	16330 NW 19 th ST	Opa-Lake, FL 33054

M. WILLIAMS

FEB 4 - 2025

11. E-mail Address **Booking@suiteonehookahs.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

JS Celestin

Date

1/22/25

Daytime Phone #

(786) 762-6393

Typed or printed name of signing authorized representative/member

Tayisha Scott-Celestin