

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 15 AM 11:05

DOCUMENT #

L99-5664

1. Limited Liability Company's Name

PIZZA NAILS, LLC

REINSTATEMENT 2000

2. Principal Office Address

7689 GLENDEYON LN #1808

Suite, Apt. #, etc.

3. Mailing Office Address

SAW

Suite, Apt. #, etc.

City & State

DELRAY BCH, FLA

City & State

Zip

33446

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

9/9/99

6. FEI Number

65-0948307

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

STEPHANIE SCHNEIDER

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

7689 GLENDEYON LN #1808

Suite, Apt. #, Etc.

City

DELRAY BCH

State

FL

Zip Code

33446

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Stephanie Schneider

REGISTERED AGENT MUST SIGN

Date

11/13/00

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of  
Managing Members/Managers

Street Address of Each  
Managing Member/Manager

City / State / Zip

MEMBER  
STEPHANIE BRIANNE SCHNEIDER  
7689 GLENDEYON LN #1808  
DELRAY BCH, FL 33446

6000003478926---7  
-11/28/00--01097--003  
\*\*\*155.00 \*\*\*155.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of  
Managing Member/Manager

Stephanie P. Schneider

Date

Daytime Phone #

561-638-1460

Typed or printed name of signing Managing Member/Manager

STEPHANIE P. SCHNEIDER