

**2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 06, 2007  
Secretary of State**

DOCUMENT# L05000092452

Entity Name: A. ALEXANDER HAIR STUDIO L.L.C

**Current Principal Place of Business:**

3222 SOUTH DALE MABRY HWY  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

3222 SOUTH DALE MABRY HWY  
TAMPA, FL 33629

**New Mailing Address:**

FEI Number: 08-1609753      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ALEXANDER, ADRIENNE  
3222 SOUTH DALE MABRY HWY  
TAMPA, FL 33629 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ADRIENNE ALEXANDER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALEXANDER, ADRIENNE  
Address: 3222 SOUTH DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ADRIENNE ALEXANDER

MGR

10/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date