

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 APR -7 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000148550680
04/03/09--01004--034 **238.75
CR2E041 (10/08)

LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L06000090595
 1. Limited Liability Company's Name
SPACE COAST SALONS, LLC

2. Principal Office Address - No P.O. Box # <u>1635 Thoreau Street</u>		3. Mailing Office Address <u>1635 Thoreau Street</u>	
Suite, Apt. #, etc. <u>N/A</u>		Suite, Apt. #, etc. <u>N/A</u>	
City & State <u>Titusville, Florida</u>		City & State <u>Florida</u>	
Zip <u>32780</u>	Country <u>Brevard</u>	Zip <u>32780</u>	Country <u>USA</u>

4. State/Country of Formation <u>Florida USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>9/15/06</u>	
6. FEI Number <u>20-5545939</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name SHEILA W. KING

Street Address (P.O. Box Number is Not Acceptable)
1635 Thoreau Street

Suite, Apt. #, Etc.
N/A

City Titusville State FL Zip Code 32780

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Sheila W. King Date 3/31/09
 REGISTERED AGENT MUST SIGN

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
<u>MGEM</u>	<u>SHEILA W. KING</u>	<u>1635 Thoreau Street</u>	<u>Titusville, FL 32780</u>
<u>MGEM</u>	<u>Portia Q. Curtis</u>	<u>4005 GRAND MEADOWS BLVD.</u>	<u>MELBOURNE, FL 32934</u>

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 Sheila W. King Date 3/31/09 Daytime Phone # 321-269-3323

Typed or printed name of signing Managing Member/Manager SHEILA W. KING