PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	NOCTIONS DELONE C		
COMPANY	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		13 DEC 31 PM 5: 04
DOCUMENT #  1. Limited Liability Company's Name  Forte' Salon, CCC		SECRETART OF STATE TALLAHASSEE, FLORIDA	
		FILING CANCELLED	
L07000029611		RETURNED CHECK	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address  5731 Semino LP Semino Communication Semino			ntry of Formation
Suite, Apt. #, etc. Suite, Apt. #,		Sun 5 Date Orma	ninote P1 US
City & State City & State	30me	To Do Bus	iness in Florida 04/2007
Zip Country Zip	Country		323 - 6377 Not Applicable
337 12 US 33	172		S OF STATUS DESIRED 55 00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent  Name  TO T		E-mail Address:	
Street Address (P.O. Box Number is Not Acceptable)		000255140010 12/31/1301023003 **238.75	
Suite, Apt. #, Etc.			
City St Peters yum State Zip Code FL 33788		(To be used for future annual report notices)	
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 Date 12/30/13			
10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company			
Titles AMBRAMGR Name of Authorized Person	Street Address of Each Authorize	ed Person	City / State / Zip
Mar Erin Aldrich 1061453rd Au		N.	Steenburg, F13310
	REINST		ATEMENT
11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person  Typed or printed name of signing Authorized Person  Typed or printed name of signing Authorized Person			