

LIMITED LIABILITY COMPANY REINSTATEMENT 2015-2016



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 JAN 29 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000050684

1. Limited Liability Company's Name

Abigail Angeli Hair Colorist LLC

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

11670 U.S. Hwy 1

Suite, Apt. #, etc.

Suite 110

City & State

Palm Beach Gardens

Zip

33403

Country

USA

3. Mailing Office Address

11670 U.S. Hwy 1

Suite, Apt. #, etc.

Suite 110

City & State

Palm Beach Gardens

Zip

33403

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

46-5217141

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 Abigail Giannangeli

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

10117 Mithado lane

Apt. #, Etc.

City Royal Palm Beach

State FL

Zip Code 33411

400280451814
01/29/16--01031--020 **138.75

400280451814
12/29/15--01022--005 **238.75

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

Abigail Giannangeli

REGISTERED AGENT MUST SIGN

Date Dec 15th 2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
P	Abigail Giannangeli	10117 Mithado lane	Royal Palm Beach, FL 33411
Manager	Abigail Giannangeli		

11. E-mail Address

abbiegiannangeli@gmail.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

Abigail Giannangeli

Date

12/15/15

Daytime Phone #

(412) 400-1865

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