

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

REINSTATEMENT 2001

FILED

01 OCT 17 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L-2220
BEAUTY SECRETS, L.L.C.

2. Principal Office Address

11008 4TH STREET NORTH

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip Country

33716 USA

3. Mailing Office Address

11008 4TH STREET NORTH

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip Country

33716 USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2/21/01

6. FEI Number

59-3647616

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JOHN P. CULLEN, ESQUIRE

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

856 2d AVE NORTH

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State
FL

Zip Code

33701

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

REGISTERED AGENT MUST SIGN

Date 10/12/2001

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
MGRM	AYMAN QAWASMEH	11008 4TH STREET NORTH	ST PETERSBURG, FL 33716
			400004649594--7 -10/23/01--01037--002 ***150.00 ***150.00

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

Date

10/12/2001

Daytime Phone #

727-577-7000

Typed or printed name of signing Managing Member/Manager

AYMAN QAWASMEH