


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -3 AM 9:59

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000008198
1. Limited Liability Company's Name
BRAZILIAN HAIR DESIGN LLC
(REINSTATEMENT 2003/2004/2005-2300)

CR2E041 (8/05)

2. Principal Office Address <u>6663 CASA GRANDE WAY</u>		3. Mailing Office Address		4. State/Country of Formation <u>FL</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida <u>07/11/2000</u>	
City & State <u>DELRAY BEACH</u>		City & State		6. FEI Number <u>65-1036639</u>	
Zip <u>FL</u>	Country <u>33446</u>	Zip	Country	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
VANESSA DE OLIVEIRA

Street Address (P.O. Box Number is Not Acceptable)
6663 CASA GRANDE WAY

Suite, Apt. #, Etc.

City
DELRAY BEACH

State
FL

Zip Code
33446

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 [Signature] Date 07/31/06

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>M</u>	<u>VANESSA DE OLIVEIRA</u>	<u>6663 CASA GRANDEWAY</u>	<u>DELRAY BEACH, FL 33446</u>

600078526706
08/09/06--01037--023 **305.00

REINSTATEMENT 03-06

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 [Signature] Date 07/31/06 Daytime Phone # 917.622.6229

Typed or printed name of signing Managing Member/Manager VANESSA DE OLIVEIRA