

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -3 AM 9:59

DOCUMENT #

L00000008198

1. Limited Liability Company's Name

BRAZILIAN HAIR DESIGN LLC
(REINSTATEMENT 2003/2004/2005-\$300)

2. Principal Office Address

6663 CASA GRANDE WAY

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DELRAY BEACH

City & State

Zip

FL

Country

33446

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/11/2000

6. FEI Number

65-1036639

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

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]

REGISTERED AGENT MUST SIGN

Date

07/31/06

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
M	VANESSA DE OLIVEIRA	6663 CASA GRANDE WAY	DELRAY BEACH, FL 33446

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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