

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:52

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L00000011017

1. Limited Liability Company's Name  
Amici SALON AND SPA

2. Principal Office Address <u>1468 Tuskawilla RD</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>WINTER SPRINGS FL</u>		City & State <u>STATE</u>	
Zip <u>32708</u>	Country <u>USA</u>	Zip	Country

CR2E041 (8/05)

4. State/Country of Formation  
FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida  
FEB 01

6. FEI Number  
30-0212199

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
MARCUS R. MITCHELLS

Street Address (P.O. Box Number is Not Acceptable)  
11506 SWIFT WATERS CIR

Suite, Apt. #, Etc.

City  
ORLANDO

State  
FL

Zip Code  
32817

400075891914  
06/06/06--01047--012 \*\*250.00

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 5/14/06

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>OWNER</u>	<u>MARCUS R MITCHELLS</u>	<u>11506 SWIFT WATERS CIR</u>	<u>ORLANDO, FL 32817</u>
<u>MANAGER</u>	<u>JUDY S. MITCHELLS</u>	<u>"</u>	<u>"</u>

**REINSTATEMENT 04-06**

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 5/14/06 Daytime Phone # 407-645-8900

Typed or printed name of signing Managing Member/Manager MARCUS R. MITCHELLS