

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

1468 Tusculum RD

Suite, Apt. #, etc.

City & State

Winter Springs FL

Zip

32708

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Shut

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

30-0213199

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

MARCUS R. MITCHELL

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

11506 SWIFT WATER 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]

REGISTERED AGENT MUST SIGN

Date 5/14/06

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
<u>Chair</u>	<u>MARCUS R MITCHELL</u>	<u>11506 SWIFT WATER CIR</u>	<u>ORLANDO, FL 32817</u>
<u>Pres</u>	<u>JUDY S. MITCHELL</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. MITCHELL