

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L00000013689

FILED

02 OCT 25 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000013689

1. Limited Liability Company's Name

Gemini Holdings of South Florida LLC- DBA/ Studio for Hair

10/4/02

2. Principal Office Address

8926 S.E. North Passage Way

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tequesta, FL

Zip

33469

Country

Zip

Country

4. State/Country of Formation

Palm Beach

5. Date Organized or Qualified

To Do Business in Florida 10/6/2000

6. FEI Number

65-1055341

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

Robert D. Shields

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

8926 S.E. North Passage Way

Suite, Apt. #, Etc.

City

Tequesta

State

FL

Zip Code

33469

0000085854 80

0000085854 80

10/25/02--01023--001 **15.00

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

Robert D. Shields

REGISTERED AGENT MUST SIGN

Date

10/22/02

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	Steven M. Herman	4401 River Oaks Circle	Sioux Falls, SD 57105

REINSTATEMENT 2002

BK

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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

Robert D. Shields

Date

10/22/02

Daytime Phone #

561-747-5757

Typed or printed name of signing Managing Member/Manager

Robert D. Shields

CR2041 (9/01)