

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY

FORM RESTATEMENT OF STATE

RESTATEMENT

DIVISION OF CORPORATIONS

03 OCT 13 AM 9:09

DOCUMENT # L00000013689

1. Limited Liability Company's Name

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100023742871
10/13/03 01015--001 **150.00

2. Principal Office Address

8926 SE North Passage Way

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tequesta, FL

City & State

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 SE North Passage Way

Suite, Apt. #, Etc.

City

Tequesta

State

FL

Zip Code

33469

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

Date

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
MGRM	Robert D Shields	8926 SE North Passage Way	Tequesta, FL 33469
MGRM	Steven M Herman	4401 River Oaks Circle	Sioux Falls SD 57105

M THOMAS

REINSTATEMENT

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

Date 10/9/2003

Daytime Phone # 561-747-5757

Typed or printed name of signing Managing Member/Manager

Robert D. Shields

CR2E041 (10/02)