

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DEB'S HAIR GALLERY, LLC
3331 DARTMOUTH DR.
TALLAHASSEE FL 32317-9030

REINSTATEMENT 2002

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

05/21/2001

Principal Place of Business

104 W. PALMER AVE.
TALLAHASSEE FL 32301

3. New Principal Place of Business Address

2031 S ADAMS ST
Tallahassee FL 32317

6. FEI Number

59-3725948

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

HOLLEY, DEBRA A
3331 DARTMOUTH DR.
TALLAHASSEE FL 32311

9. Name and Address of New Registered Agent

Name

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

City

10. 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 11/20/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
SELF	Debra Holley	3331 DARTMOUTH DR	Tallahassee FL 32317

12. 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 11/25/02
Daytime Phone # 850-681-9073