

APPROVED
AND
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02 NOV 27 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000008222

Name and Mailing Address

0003941 01 FP 0.352 **PRSRT T2 0 0615 33410-341223



HARVEY C SALON, L.C.
723 CABLE BEACH LANE
NORTH PALM BEACH FL 33410-3412



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/23/2001	
Principal Place of Business 723 CABLE BEACH LANE NORTH PALM BEACH FL 33410		6. FEI Number 605-1109132	
3. New Principal Place of Business Address City, State, Zip		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 NASS, CORY 1801 CLINT MOORE ROAD SUITE 100 BOCA RATON FL 33487		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 11/6/02 REGISTERED AGENT MUST SIGN			
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
MGR	SILVER, HOWARD	723 CABLE BEACH LANE	NORTH PALM BEACH FL 33410
800009003758 11/14/02--01055--004 **155.00			
RENEW STATEMENT 2002			
TB			

C: B2F084 (8/02)

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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.

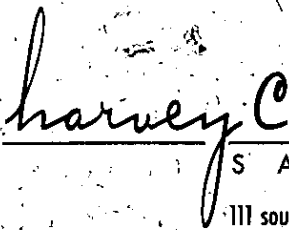
Signature of
Managing Member/Manager

Date _____

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Howard Silver



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w www.harveycsalon.com

11/24/2002

Florida Dept. Of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Ref. #L01000008222 Harvey C. Salon, L.C.

To Whom It May Concern:

On November 18th you sent me two letters regarding the dissolution of our entity pending remittance of \$150 and the inclusion of our registered agent's signature. I'm not sure why you'd tell me you did not receive a check since you formally acknowledge receipt on document #2 (enclosed) and you have cashed the check. In addition, on document #1, which was the document sent to you with the check, Cory Nass, our registered agent, has indeed provided his signature.

I'd appreciate it if you'd quickly remedy this situation as it seems you have made an error. Please notify me immediately at 561-827-3315.

Thank you.

A handwritten signature in dark ink, appearing to read "H. Silver".

Howard Silver
Managing Director, Harvey C. Salon, L.C.