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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L01000008222

FILED
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

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

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

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 65-1109132 — 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

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11/14/02--01055--004 **155.00

REINSTATEMENT 2002

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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 11/8/02 Daytime Phone # 561-832-2944

Typed or printed name of signing Managing Member/Manager: Howard Silver

harvey C
SALON
111 south olive avenue
west palm beach, florida 33401
p 561.832.2944 f 561.832.3916
e harveycsalon@aol.com
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.

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