

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



OFFICE OF THE SECRETARY OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY -2 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013976.

Name and Mailing Address

0003525 01 FP 0.352 \*\*PRSRT T1 0 0615 33324-261528

HELLO GORGEOUS SALON, LLC

ONE S. PINE ISLAND ROAD

APT. #103

PLANTATION FL 33324-2615

900015031449  
04/01/03--01056--010 \*\*205.00



2. New Mailing Address

Same

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

08/20/2001

Principal Place of Business

2853 S. UNIVERSITY DRIVE  
DAVIE FL 33328

3. New Principal Place of Business Address

Same

City, State, Zip

Same

6. FEI Number

65-1134193

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

MONTES DE OCA, ALEJANDRO J  
ONE S. PINE ISLAND ROAD  
APT. #103  
PLANTATION FL 33324

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

REGISTERED AGENT MUST SIGN

Date 3-25-03

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

| Title(s) | Name of Managing<br>Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| VP       | BURGOS, CARLOS                       | 2853 S. UNIVERSITY DRIVE                          | DAVIE FL 33328     |
| P        | MONTES DE OCA, ALEX                  | 2853 S. UNIVERSITY DRIVE                          | DAVIE FL 33328     |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |

REINSTATEMENT 2002-2003  
AK EUG

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