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LIMITED LIABILITY COMPANY Secretary of State REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State					FPH-2:145***	3	
DOCUMENT # LOLOOO 14107					PASSES TASSES	į	
1. Limited Liability Company's Name					SEE. FLORIDA		
5-Star, Day Spa + Salons, Sc IN					SELFI EAMS	ā Š	
5804 West Port Dewe							
Port Orange De 32127							
2. Principal Office Address 3. Mailing Office Address							
5795 T	autor Branch	H 58041	4. State/Country of Formation				
Suite, Apt. #, etc.				Florida			
	·				5. Date Organized or Qualified		
City & State	y & State City & State				To Do Business in Florida 8 22 200 I		
Dort Ocar	ige. X	Dont 1000	400 20	6. FEI Numb	. 	Applied For	
Zip	Country	Zip	Country		1234521	Not Applicable	
32127	USA	32127	USA	7. CERTIFICATI	E OF STATUS DESIRED S5.00 Additi	ional Fee required ificate of Status	
8. Name and Address of Current Registered Agent							
Name							
	leresa Kusso						
Street Address (P.O. Box Number is Not Acceptable) 5 8 0 4 West Port DR 77/07/04010762009 **250.00							
Suite. Apt	College Suite Ant # Fig. and						
The National Property	Note that the second of the se						
Port Orange State Zip Code 15/ FL 32127							
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.Sosad is a							
Signature of Registered Agent Lusso REGISTERED AGENT MUST SIGN Date 6-23-04							
10. Names and Street Addresses of Managing Members/Managers							
	Name of	ioeis/iwaiiageis	Street Address of Eac	-h		····	
Titles	Managing Members/ Managers		Managing Member/Manager		City / State / Zip		
Man Tere	sa Russo	58	04 West Port	Deive	Port Orange X	32127	
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			DTIME	STATE	MENT	<i>57 U</i> §	
			MIN.	SIAIL			
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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 at if made under oath.							
Signature of Managing Member/Mana	ager <u>Lessu</u>	Kusso	Date	-23-04	Daytime Phone#		
Typed or printed name of signing Managing Member/Manager Texes Q Pusso							