


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS



FILED

04 JUL -1 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000014107

1. Limited Liability Company's Name
5-Star Day Spa + Salons, LLC
5804 West Port Drive
Port Orange FL 32127

2. Principal Office Address
5795 Taylor Branch Rd
Suite, Apt. #, etc.

3. Mailing Office Address
5804 West Port Dr
Suite, Apt. #, etc.

City & State
Port Orange FL

City & State
Port Orange FL

Zip Country
32127 USA

Zip Country
32127 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
8/22/2001

6. FEI Number
20-1234521

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

Name
Teresa Russo

Street Address (P.O. Box Number is Not Acceptable)
5804 West Port Dr

Suite, Apt. #, Etc.
200038846222
07207204--010765--009 **250.00

City
Port Orange

State
FL

Zip Code
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.S.

Signature of Registered Agent
Teresa Russo

REGISTERED AGENT MUST SIGN

Date
6-23-04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MEM</u>	<u>Teresa Russo</u>	<u>5804 West Port Drive</u>	<u>Port Orange FL 32127</u>
<u>MEM</u>	<u>Hoang Le</u>	<u>5804 West Port Drive</u>	<u>Port Orange FL 32127</u>
			<u>2002-2004</u>
			REINSTATEMENT
			<u>7/6 mst</u>

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 as if made under oath.

Signature of Managing Member/Manager
Teresa Russo

Date
6-23-04

Daytime Phone#

Typed or printed name of signing Managing Member/Manager
Teresa Russo

CR2E041 (10/02)