

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
L02000006465

1. DOCUMENT # L02000006465

Name and Mailing Address

0008152 01 AT 0.292 \*\*AUTO TO 0 0615 33306-110420

HAIR F/X OF FLORIDA, LTD. CO.  
1920 EAST OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33306-1104

03 DEC 29 PH 3:49

2/17/04



REINSTATEMENT 2003

200018025762  
05/05/03 01122 018 \$150.00

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/11/2002	
Principal Place of Business 1920 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0379460	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent VENTIMIGLIA, LEONARD A 1920 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306	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 *Leonard Ventimiglia* REQUIRED  
Date  
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
President	Leonard Venti	1920 E. Oakland PK.	FT. LAUD., FL 33306

REINSTATEMENT 2003

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 *Leonard Ventimiglia* Date *12/2/03* Daytime Phone # *954 396-3700*

Typed or printed name of signing Managing Member/Manager