

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED Jan 09, 2006 8:00 A.M. Secretary of State

DOCUMENT # L02000010391

1. Limited Liability Company's Name JONJUAN SALON, LLC

2. Principal Office Address 1902 N.W.98 AVENUE 3. Mailing Office Address 1902 N.W.98 AVENUE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State PEMBROKE PINES, FL PEMBROKE PINES, FL

Zip 33024 Country Country Zip 33024 Country

CR2E041 (8/05)

4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 4/30/02 6. FEI Number 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 MICHAEL L. FEINSTEIN, ESQ Street Address (P.O. Box Number is Not Acceptable) 888 EAST LAS OLAS BLVD Suite, Apt. #, Etc. 700 City FORT LAUDERDALE State FL Zip Code 33301

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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 Date 1/4/06 REGISTERED AGENT MUST SIGN

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGRM, JUAN SANTIAGO, 814 HARBOR INN DRIVE, CORAL SPRINGS FL. 33071. Includes stamp: REINSTATEMENT 03-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided in chapter 608, F.S. Signature of Managing Member/Manager Date 1/4/06 Daytime Phone # 954-767-9662 Typed or printed name of signing Managing Member/Manager JUAN SANTIAGO