

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD200001304

1. Limited Liability Company's Name

International Hair Cosmetics LLC

2. Principal Office Address - No P.O. Box #

10017 Mooreshire Cir.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32829

Country

3. Mailing Office Address

10017 Mooreshire Cir.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32829

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/9/2002

6. FEI Number

03-0443844

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

Natalia Berrios

Street Address (P.O. Box Number is Not Acceptable)

10017 Mooreshire Cir.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32829

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Natalia Berrios

Date

02/08/10

REGISTERED AGENT MUST SIGN

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
MEM	Fernando Medina Zarate	Cra 42 B No 33 A 60 Apt 202	Medellin Colombia
MEM	Natalia Berrio	10017 Mooreshire Cir.	Orlando FL 32829
REINSTATEMENT			
2008-10			
			S. HAWKES
			FEB 16 2010

11. E-mail Address: medinanaty@gmail.com

(To be used for future annual report notifications)

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. and 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

Natalia Berrios

Date

02/08/10

Daytime Phone #

407-731-2272

Typed or printed name of signing Managing Member/Manager

FILED

10 FEB 15 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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EXAMINER