PLEASE READ.ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Internal fiology Hair Connectics LLC 202/15/10-01027-003 ***4416.25 202/15/10-01027-003 ***4416.25 202/15/10-01027-003 ***4416.25 202/15/10-01027-003 ***4416.25 202/15/10-01027-003 ***4416.25 202/15/10-01027-003 ***4416.25 202/15/10-01027-003 ***4416.25 202/15/10-01027-003 ***4416.25 202/15/10-01027-003 ***4416.25 202/15/10-01027-003 ***4416.25 202/15/10-01027-003 ***4416.25 202/15/10-01027-003 ***4416.25 202/15/	COMPANY FLORIDA DEPARTMI COMPANY Secretary of REINSTATEMENT DIVISION OF CORP					State	FILED 10 FEB 15 AM 9: 00			
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address CR2EO41 (1109) 44. State CR2EO41 (1109) 44. State CR2EO41 (1109) 44. State CR2EO41 (1109) 45. State CR	DOCUMENT # LD200011304 1. Limited Liability Company's Name						TALLAHASSEE, FLORIDA			
3. Mailing Office Address 10017 Hoore shive Cir. 10017 Hoore shiv							200168752452 02/15/1001027009 **416.25			
Suite April # oic April #	2 Principal Office Address - No P.O. Boy # 3 Mailing Office Address						CR2E041 (11/09)			
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8. Name and Address of Current Registered Agent 8. 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 receive the prior notices were not received and requesting the \$100 reinstatement be waived. 6. City Onlando 9. J. bring appointed the registered agent of the above numed firsted liability company, are familiar with and accept the obligations of Chapter 608. F.S. 8. Siteral Address of Each Registered Agent 10. Names and Street Addressus of Managing Members/Managers 11. Emini Address of Managing Members/Managers 12. Lently than I am managing membershamper of the receive of the receive of the scale of the speciations. 13. Emini Address 14. Emini Address 15. HAWKES 16. De used for Large annual report redefaultors). 16. De used for Large annual report redefaultors). 17. Emini Address 18. Managing Members/Manager of the receiver of the receiver of the season of the receiver of the season of the receiver of the rec	Zip Country Zip			Country			7. \$5.00 Additional Foo required			
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Sure. Apt. #. Etc. Cay Or lands 9. Long appointed the registered agent of the above named limited liability company, arm familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Notation Recistered Agent Must sign Signature of Registered Agent Notation Recistered Agent Must signature of Registered Agent Managing Members/Managers Tutles Name and Street Addresses of Managing Members/Managers Tutles Managing Members/Managers Street Address of Each Managing Members/Managers Tutles Managing Members/Manager Members/Managery Member/Managery Medellin Colombia John Datalia Restrict REINSTATEMENT S. HAWKES FEB 16 2010 11. E-mail Address Medination of the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. FEB 16 2010 12. I certify that I am managing members/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. FEB 16 2010 12. I certify that I am managing members/manager or the receiver or trustee empowered to execute this application as provided to in Chapter 608, F.S. FEB 16 2010 12. I certify that I am managing members/manager or the receiver or trustee empowered to work cut this application as provided for in Chapter 608, F.S. and that all these 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 of damaging Members/Manager Data Oliver Phone # 409-731-0292							receive the prior notices. By checking this box, you are certifying the prior notices were			
Signature of PL Date On Date O										
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