.. 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED SECRETARY OF STATE DOCUMENT # L03000036014 DIVISION OF CORPORATIONS EURO CONCEPTS SALON LLC 06 OCT 23 AM 10: 09 Principal Place of Business Mailing Address 21535 VILLAGE LAKE SHOPPING CENTER 21535 VILLAGE LAKE SHOPPING CENTER LAND O LAKES, FL 34639 LAND O LAKES, FL 34639 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10112006 REIN-LLC CR2E101 (11/05) Applied For City & State City & State 4. FEI Number 20-0237224 Not Applicable Zip Country Ziρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BONFONDEO, PETULA L Street Address (P.O. Box Number is Not Acceptable) 21535 VILLAGE LAKES SHOPPING CENTER LAND O LAKES, FL 34639 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited FILE NOW!!! FEE IS \$50.00 liability company did not receive the prior notice. Florida Department of State After January 1, 2007, Fee will be \$100.00 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR ☐ Addition ☐ Change ☐ Delete TITLE TITLE BONFONDEO, PETULA L NAME NAME 100081088041 STREET ADDRESS 301 KILLINGER AVENUE STREET ADDRESS 10/23/06--01003--016 **50.00 SPRING HILL, FL 34606 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE MAHONEY, AUDREY NAME NAME STREET ADDRESS STREET ADDRESS 14576 LINDEN DRIVE SPRING HILL, FL 34609 CITY-ST-ZIP CITY-ST-ZIP Change Add ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE