

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT


DOCUMENT # L03000041799	
1. Entity Name WORLD CLASS HAIR & NAIL SALON LLC	

Principal Place of Business 1433 LAKE BRADFORD RD TALLAHASSEE, FL 32301	Mailing Address 2214 SKYLAND DRIVE TALLAHASSEE, FL 32303
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 2415 SAN PEDRO AVE Suite, Apt. #, etc.
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City & State TALL. FL.	City & State TALL. FL.
Zip 32304	Country USA


**FILED**  
09 JAN 21 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01212009 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent ROLLINS, RENAE 2214 SKYLAND DRIVE TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 the obligations of registered agent.

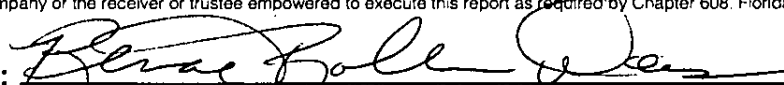
SIGNATURE:  DATE: 1-21-09

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROLLINS, RENAE 2214 SKYLAND DRIVE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMPKINS-WHITESIDE, ROSALIND Y 1802 MCELROY STREET TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600141596896 01/21/09--01007--015 **277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  DATE: 1-21-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE