2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 21 AM 10:53

DOCUMENT # L04000014048

1. Entity Name
NATURAL BEAUTY LLC

Principal Place of Business	Mailing Address
7558 VOLLY PPLACE LAKE WORTH, FL 33467 6216 Forest Hill Blvd #201 W. Palm Beach FL 33415	7558 VOLLY PPLACE LAKE WORTH, FL 33467 6216 Forest Hill Blvd #201 W. Palm Beach FL 33415

2. Principal Place of Business	3. Mailing Address
6216 Forest Hill Blvd	6216 Forest Hill Blvd
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: 201
City & State: W. Palm Beach	City & State: W. Palm Beach
Zip: 33415 Country: FL	Zip: 33415 Country: FL

10122005 REIN-LLC CR2E101 (6/04)

4. FEI Number: 200780711 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RABBE, LAUREEN SANDRA 7558 VOLLY PPLACE LAKE WORTH, FL 33467 Shai Allouche 6216 Forest Hill Blvd #201 W. Palm Beach FL 33415	Name: SHAI ALLOUCHE Street Address (P.O. Box Number is Not Acceptable): 6216 Forest Hill Blvd #201 City: West Palm Beach FL Zip Code: 33415

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: [signature] 10/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Shai Allouche - owner 6216 Forest Hill Blvd #207 W. Palm Beach FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900060853119 10/21/05--01026--013 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT ☐ Change ☐ Addition 2005
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), 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: [signature] 10/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #