

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 31 AM 10:28

DOCUMENT # L04000015365

1. Entity Name
QUAINT SALON LLC



Principal Place of Business
3010 N. COURSE DR. 38-104
POMPANO BEACH, FL 33069

Mailing Address
3010 N. COURSE DR. 38-104
POMPANO BEACH, FL 33069

2. Principal Place of Business
3010 N. Course Dr.
Suite, Apt. #, etc.
38-104

3. Mailing Address
3010 N. Course Dr.
Suite, Apt. #, etc.
38-104

City & State
Pompano Beach Fl.
Zip
33069
Country
USA

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Pompano Beach Fl.
Zip
33069
Country
USA

10202005 REIN-LLC CR2E101 (6/04)

4. FEI Number
34-2043621
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, DEBORAH
3010 N. COURSE DR. 38-104
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name
Deborah Williams
Street Address (P.O. Box Number is Not Acceptable)
3010 N. Course Dr. 38-104
City
Pompano Beach FL Zip Code
33069

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 Deborah Williams DATE 10-28-05
(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WILLIAMS, DEBORAH
3010 N. COURSE DR. 38-104
POMPANO BEACH, FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
200061044288
10/31/05--01046--018 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition
REINSTATEMENT 2005

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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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(3)(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: Deborah Williams DATE 10-28-05 DAYTIME PHONE # 954-9740273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE