

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 22 AM 9:24

DOCUMENT # L04000048978

1. Limited Liability Company's Name

**Two Hair Express, LLC**

2. Principal Office Address - No P.O. Box #  
**10836 Mowbray Rd**

Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**

Zip  
**32221**

Country

3. Mailing Office Address  
**PO Box 60251**

Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**

Zip  
**32236**

Country

4. State/Country of Formation  
**Florida/USA**

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number  
**20-1081682**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name  
**Suan, Michael Alexandre**

Street Address (P.O. Box Number is Not Acceptable)  
**10836 Mowbray Rd**

Suite, Apt. #, Etc.

City  
**Jacksonville**

State  
**FL**

Zip Code  
**32221**

☒ 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 received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Michael Alexandre Suan*

REGISTERED AGENT MUST SIGN

Date **1-17-07**

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Suan, Michael Alexandre	10836 Mowbray Rd	Jacksonville, FL 32221

REINSTATEMENT 06-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees 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 as if made under oath.

Signature of  
Managing Member/Manager

*Michael Alexandre Suan*

Date **1-17-07**

Daytime Phone # **904-307-9709**

Typed or printed name of signing Managing Member/Manager **Michael Alexandre Suan**

January 16, 2007

This note is accompanying my reinstatement form for my LLC. to advise you my mailing address on the current form is not correct. I have corrected it on the form I am submitting along with my payment. If anything else is needed, please call me at 904-307-9709, or otherwise inform at the post office box address that is enclosed.

Thank you,

A handwritten signature in cursive script that reads "Michael A. Suan". The signature is written in dark ink and is positioned below the "Thank you," text.

Michael A. Suan