

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 24 AM 8:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L05000012327**

1. Limited Liability Company's Name

HAIR BIZ OF VERO BEACH LLC

2. Principal Office Address - No P.O. Box #

4775 NORTH A-1-A

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

32963

Country

USA

3. Mailing Office Address

4775 NORTH A-1-A

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

32963

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

2-4-2005

6. FEI Number

20-2314207

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

BUSINESS FILINGS INCORPORATED

Street Address (P.O. Box Number is Not Acceptable)

1203 GOVERNORS SQUARE BLVD.

Suite, Apt. #, Etc.

SUITE 101

City

TALLAHASSEE

State

FL

Zip Code

32301-2960

☐ 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

Business Filings Incorporated
REGISTERED AGENT MUST SIGN

Date

12/21/09

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
MGR	BARBARA FIELDS	670 SUMMERWOOD LN SW	VERO BEACH, FL 32962
	L. SELLERS		
	DEC 28 2009		
	EXAMINER		

REINSTATEMENT

11. E-mail Address: **HAIRBIZ@VERO@BELLSOUTH.NET**

(To be used for future annual report notifications)

12. 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 608.405, 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

Barbara Fields

Date

12-21-09

Daytime Phone #

772-231-1360