

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Touche Salon & Spa, LLC

9693 Postley Court
Suite, Apt. #, etc.

9693 PostKey Court
Suite, Apt. #, etc.

City & State Wellington, FL

City & State
Wellington, FL 33414

Zip	Country
33414	USA

Zip	Country
33414	USA

FLORIDA / USA

5. Date Organized or Qualified To Do Business In Florida

4/27/05

6. FEI Number

20-2741150

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

**\$5.00 Additional Fee required
for a Certificate of Status**

Name Talisha Caballero

Street Address (P.O. Box Number is Not Acceptable) 9693 Postley Court

Suite, Apt. #, Etc.

City Wellington

State
FL

Zip Code
33414

Signature of
Registered Agent

Date 10/26/07

REGISTERED AGENT MUST SIGN

[illegible]

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**

Date 10/26/07 Daytime Phone # 561-633-2576

Typed or printed name of signing Managing Member/Manager

Date 10/26/07 Daytime Phone # 5646
Talisha Caballero