

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000045835

FILED
Jan 03, 2007
Secretary of State

Entity Name: TROPICAL PARADISE BEAUTY SUPPLY, LLC

Current Principal Place of Business:

P.O. BOX 1969
S. ALAFAYA TRAIL
ORLANDO, FL 32828 US

New Principal Place of Business:

5691 SOUTH SEMORAN BLVD
SUITE B
ORLANDO, FL 32822 US

Current Mailing Address:

P.O. BOX 1969
S. ALAFAYA TRAIL
ORLANDO, FL 32828 US

New Mailing Address:

5691 SOUTH SEMORAN BLVD
SUITE B
ORLANDO, FL 32822 US

FEI Number: 20-2814619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALDWIN ACCOUNTING CPA, P.A.
5728 MAJOR BLVD
SUITE 501
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE: BALDWIN ACCOUNTING CPA P.A.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROBINSON, JOANNE
Address: P.O. BOX 1969, S. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32828 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROBINSON PARRISH, JOANNE
Address: 5691 SOUTH SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32822 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOANN ROBINSON PARRISH

MGR

01/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date