

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L05000064700

1. Limited Liability Company's Name

Afterglow Salon, LLC

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

257 Hwy 90 E

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL

City & State

Zip

32433

Country

US

Zip

Country

8. Name and Address of Current Registered Agent

Name

Joshua R Nelson

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

2652 Woodyard Rd

Suite, Apt. #, Etc.

City DeFuniak Springs

State

FL

Zip Code

32435

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

REGISTERED AGENT MUST SIGN

Date 1-31-10

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
P	Joshua R. Nelson	2652 Woodyard Rd	DeFuniak Springs, FL 32435

11. E-mail Address: joshuanelson@earthlink.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 608.406, 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 1-31-10

Daytime Phone #

850-865-5812

Typed or printed name of signing Managing Member/Manager Joshua R. Nelson

FILED

10 FEB -9 AM 10: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400167919374  
02/03/10--01036--011 \*\*516.25

CR2E041 (11/09)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

06/29/08

6. FEI Number

20-3074495

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

☐ 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.

REINSTATEMENT 08-10

N. O. O. O. O.

FEB 10 2010

\* \$ 516.25 ( \*100-Reinstatement \*138.75-2008 \*138.75-2009 \*138.75-2010)