## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 2012 MAR 27 PM 12: 54 REINSTATEMENT **DIVISION OF CORPORATIONS** DOCUMENT # L05000101312 1. Limited Liability Company's Name YIREH BEAUTY SALON, LLC 400224537044 03/13/12--01005--011 \*\*51 CR2E041 (1/11) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1020 PLAZA DR SAME AS #2 4. State/Country of Formation **FLORIDA** Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 10/14/2005 City & State City & State Applied For 6. FEI Number KISSIMMEE. FL 20-3626769 Not Applicable Zip Country Country 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required 34743 USA for a Certificate of Status 8 Name and Address of Current Registered Agent E-mail Address: JOHN ALMONTE Street Address (P.O. Box Number is Not Acceptable) 27 BROADWAY Suite, Apt. #. Etc. ALMONEJOHN@YAHOO.COM Zip Code (To be used for future annual report notices) KISSIMMEE 34741 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 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zrp **PRES** ANA RODRIGUEZ 1020 PLAZA DR KISSIMMEE, FL 34743 JRREINSTATEMENT 2010-12 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 608 408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Date 03/23/2012

ANA RODRIGUEZ / PRESIDENT

Signature of Managing Member/Manager

Typed or printed name of signing Managing Member/Manager



## FILED

## FLORIDA DEPARTMENT OF STATE 2012 HAR 27 PM 12: 54 **Division of Corporations**

March 14, 2012

SECRETARY OF STATE TALLAHASSEE, FLORIDA

YIREH BEAUTY SALON, LLC 1020 PLAZA DRIVE KISSIMMEE, FL 34743

SUBJECT: YIREH BEAUTY SALON, LLC

Ref. Number: L05000101312

We have received your document for YIREH BEAUTY SALON, LLC and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The document must contain the name, title, and business address of each managing member or manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 512A00009285